

THE ALABAMA MEDICAL JOURNAL.

VOL. 16.

AUGUST, 1904.

No. 9

Original Communications.

TREATMENT OF PUERPERAL SEPTICAEMIA.*

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The treatment of this dread disease is above all things preventive. It should never occur. The infection is always from without and gains access to the body either through the blood vessels or lymph channels or both, at the sight of some abraded surface or tear, most frequently at the placental site. When obstetricians are thoroughly convinced that puerperal septicaemia is purely a surgical disease and learn to treat it accordingly, always carrying out the best scientific methods to prevent wound infection, then, and not until then, will they have made a long stride towards the goal of perfection in the obstetrical art; and they will have robbed motherhood of its gravest terrors. During the last ten days of pregnancy the diet should be plain, simple and nutritious, and the bowels kept open by means of a saline, augmented frequently with an enema of salt and water. As a saline cathartic, and one which comes nearer meeting all requirements, the old mixture of epsom salts and cream of tartar, two parts of the former to one of the latter, is the best. Prophylactic measures properly carried out in detail are our sheet-anchors of safety in the treatment and prevention of this dread disease. Keep the lying-in chamber sweet and clean; it should be well ventilated and well scrubbed. It should be the best room in the house and the one least used as living or bed-room—if possible it should be a spare room, kept well prepared

*Read before the Jefferson County Medical Society, July 25th, 1904.

beforehand. Should your gynecologist have a section to do, he would choose such a room even though in our modest home it were the parlor made ready for the occasion. All needless and useless furniture should be removed. The bed should be scrupulously clean, all linen and cover direct from the laundry if possible. The bed proper should never be of feathers if this can be avoided. A nice mattress is preferable, even though it should be somewhat soiled, yet if it is first covered with an ordinary oilcloth, such as our good wives use for covering furniture, and on this a clean sheet, both pinned to the corners of the mattress, you will have a bed that will meet all requirements. This oilcloth is cheap, and hence should always be new for the occasion. On this again, place a draw-sheet and a square of oilcloth about 4x4, the center of which should correspond with the position of the buttock on the bed. On this latter you will place the absorbent pad, preferably made of cheese cloth well padded with absorbent cotton, or an ordinary folder comfort, provided it is surgically clean. The patient's night-dress should be carefully folded back over the shoulders, and a sheet folded once each way pinned around the waist and open in front; this latter arrangement permits of an easy examination and also serves to keep the parts clean. Having followed this plan of arrangement, it is so easy after delivery to withdraw from below the draw-sheet and all soiled pads with the least possible discomfort to the patient, leaving her bed clean and free from soiled discharges. Of course other absorbent pads and clean napkins should be ready to receive the lochia, which should be changed at frequent intervals. The first sheet of oilcloth and sheet remaining not only protects the mattress below from an excessive lochial discharge, but prevents the egress of infection from below up.

The preparation of the patient is very simple, yet of the utmost importance. The bowels should be moved thoroughly with an enema of salt and warm water. The patient should be given a warm bath of soap and water and the vulva and rectal outlet, and parts adjacent thereto, thoroughly cleansed with soap and water, after which these parts should be carefully sponged with a solution of corrosive sublimate or five per cent. carbolic, paying especial attention to the margins of the vulva and rectal openings. It is generally unnecessary to administer a vaginal douche, unless there is some vaginal or uterine disease. This done the patient is placed in bed and is ready for the occasion.

It is needless to say the attendants should always observe the strictest rules of antiseptic surgery. All instruments should be thoroughly

boiled and sterilized. The hands of the attendants should be scrubbed and soaked in a 1 to 1000 solution of corrosive sublimate. Above all things let there be the fewest possible intra-vaginal examinations compatible with a good management of the case. The attendant should wear a clean surgeon's apron with sleeves. It is essential to cleanliness and gives tone to the operator. Under no conditions should he go direct from an acute infectious disease, such as scarlet fever, diphtheria, erysipelas, etc., to the bedside of a lying-in patient.

After delivery of the child all secundines should be carefully removed and, if lacerations occur, they should be stitched up at once under the strictest antiseptic rules. These rules observed, gentlemen, in detail, and you will have but few cases of puerperal septicaemia to treat. As in surgery so in obstetrics, "an ounce of prevention is worth a pound of cure." Should infection occur it should be recognized at once and treated heroically from the start, our chief aim being to prevent a further absorption of and a complete removal of all infecting material.

Just here it is necessary to say that all infection is classed under two heads: First, putrid or sapraemic, due to the absorption of ptomanes, produced by the action of bacteria on dead tissues. The second is a true streptococcus infection, attacking the living tissue direct, or both occur conjointly. As previously stated these agents are from without, and must first gain access to the body either through some abraded surface or at the placental site. Should the infection be sapraemic in character, which in a majority of the cases is first so, it is always due to retention of some dead matter, viz: portions of the membranes or placenta or blood clots. This retention, in a very great number of cases, is due to a partial closure of the uterine canal, caused by a retroflexed uterus. You can readily see how this is more liable to occur at this time. The uterus is flacid, heavy and unsupported, and were it not that nature continually causes the expulsion of all retained matters by repeated uterine contractions, infection would occur oftener. The treatment naturally suggests itself. What would the surgeon do under similar conditions? If a suppurating focus, such as an abscess, he would open and drain at once. We simply do likewise. First clean the vulva and vagina thoroughly with antiseptic douches. Dilate the cervix, if not already sufficiently dilated, and douche out the uterine cavities thoroughly with a hot antiseptic douche of corrosive sublimate 1 to 2000. Swab it out thoroughly with absorbent cotton and an ordinary pair of dressing forceps. Use the blunt curette if necessary to remove all dead tissues; but never make

new abrasions if you can prevent it. Leave the uterine cavity thoroughly clean, and above all things well drained. I contend that this is best done by the little instrument I will now show you. Notice figures one and two.

It is made of steel wire, cone-shaped, somewhat smaller in diameter at the lower third, about three inches long. When introduced in the uterus it is easily retained, the constricted diameter corresponding with the internal os. With it in position the uterine walls are held apart on all sides, leaving an unobstructed outlet from the fundus to the cervix, through which the lochia and debris have an easy passage. It moreover straightens the canal of the uterus. The uterus can also be douched through this wire drain as often as necessary. I contend that this is superior to gauze drain, in that, it being open, not only the fluids but small particles of debris can pass easily. Gauze does not straighten the canal; moreover, if packed too hard, will not drain the fluid, and never does permit of the passage of infected particles.

The main object of all our treatment in sapraemic infection is, first, a complete removal of all dead tissues; second, a thorough drainage of the parts, augmented by frequent antiseptic intra-vaginal and uterine douches. By this means every particle of diseased tissue and debris will be immediately and continually drained and washed away. The moment there is a rise of temperature the treatment should be inaugurated. In the streptococcus infection we have a more serious trouble to contend with. In this condition the cause is due to the invasion of the tissues by the streptococcus germ. Then we must remember that this infection most often accompanies the sapraemic, indeed they go hand in hand. In the sapraemic infection the bacteria only invade dead tissues, whereas, in the latter, the streptococcus attacks the living tissues. It can do this more effectually, however, because it multiplies very rapidly along with bacteria in decomposed dead tissues. The only barrier to a general infection at all times in such cases is an army of living cells, the phagocytes, lined up in battle-array, to prevent the ingress of the streptococcus germs. You can readily see that our treatment is identically the same, with this difficulty, however, the living tissues are invaded and it is very difficult to destroy the invading germs without impairing the line of defense of the living. This is why we condemn the sharp surette. The best aid we can render nature here is to effectually attack her foe in the rear, allowing her to attend to the front line. This is best done as previously stated above. When the infection is uterine the blunt curette

should be used more effectually, and the parts frequently and thorough douched with stronger antiseptic solutions. The continual drain and frequent antiseptic douche is the sheet-anchor or safety. In severe cases there is no objection to injecting directly into the uterus itself hydrogen dioxide diluted one-half. With the wire drain tube in there is no danger of forcing matters into fallopian tubes, since they have an easy exit below. This is a most efficient way of thoroughly cleansing the uterine cavity, used conjointly with antiseptic douches. When the infection is at the cervix, or below, and due to tears, etc., all such ulcerated surfaces should be thoroughly cleansed in like manner. All diphtheritic patches should be brushed over with a strong solution of nitrate of silver. In such cases, after a thorough cleansing of the parts, I invariably leave a folded strip of iodoform gauze the entire length of the vagina, which acts as a drain and also keeps the parts from contact. When the perineum has been stitched up and has become infected it is best to remove the sutures and treat as an open wound.

I believe the fault of most of us in the treatment of these cases is the half-hearted way in which we treat them. It should be thorough from the start and douches frequent, at least three times daily. Constitutional treatment should be supported from the start. Highly nutritious food in the most concentrated and digestible forms should be used, augmented by general tonics and heart-stimulants, as the occasion demands. As agents for the control of high temperatures cold and quinia act best.

With this line of treatment properly persisted in our mortality will be greatly decreased and one of the greatest causes of invalidity to motherhood will be removed. All complications should be treated as they arise.

CANCER OF THE LIP.

By U. J. W. PETERS, M. D.,

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Is Cancer Increasing? If statistics and the opinion of competent observers count for anything, the disease is increasing rapidly. Roswell Park, speaking of the statistics on the subject, says: "A careful study of these tables permits one to make the following startling prophesy: If for the next ten years the relative death rates are maintained, we shall find that in ten years from now, viz., in 1909, there

will be more deaths in New York State from cancer than from consumption, small-pox, and typhoid fever combined."

Heiman's statistics confirm this view. In the year 1877 there were 6,971 deaths from cancer in Prussia, and in the year 1896 17,643, an increase of 153 per cent. Of ten thousand living in 1877, the mortality from cancer was 2.66 percent.; in 1896 it had increased to 5.33 per cent. In a recent special report of cancer in Ireland, it is stated that in 1891 the death rate from cancer was 4.6 per 10,000 of the population; in 1901 it was 6.5 per cent. The table is as follows:

	1897	1898	1899	1900	1903
Number of deaths from cancer	2635	2657	2554	2717	2891
Rate per ten thousand living	5.8	5.9	5.9	6.1	6.5

Statistics compiled by the New York Mutual Life Insurance Company are also in accord with the above, thus in 1897 the death rate in patients between 50 and 70 years of age of 4.23 per cent.; in 1899 it was 6.22 per cent. in 1898, 7.59 per cent.

So far as figures go, the foregoing array of statistics support the contention that cancer is increasing. It has been claimed that this increase is more apparent than real. Those entertaining this opinion think a greater accuracy in diagnosis and the increased number of necropsies explain the apparent increase of cancer. Due allowance should be made for this, but the evidence of so many careful observers is conclusive.

Cancer of the lip usually attacks the lower lip. It is rarely seen in the upper lip. Stoker, who has had a large experience in this field of surgery, says that he has only seen the upper lip involved in four cases. In Loos' series of 565 cases only 30 involve the upper lip. Cancer of the lip may originate on the mucous membrane or at the mucocutaneous junction; more commonly the latter. It may arise about the middle of the upper border of the lip, though it is more frequently seen between the middle and either angle. The disease is rarely seen in women—Koenig says "twenty men are affected to one woman,"—Stoker operated on 350 cases and saw many more, and only three of these were women.

The men most frequently attacked by this malady are those belonging to the laboring classes, namely, teamsters, foremen, fishermen, laborers, etc. It has long been claimed that the short stemmed, clay pipe is responsible for many cancers of the lip. The evidence against the pipe is very strong. It has been pointed out that in a certain district in Ireland, where this pipe is in common use, cancer of the

lip is more frequent than in other parts of the same country, where the briar-wood pipe is the favorite solace of the smoker. Further, it has been observed that the disease occurs almost invariably on the side on which the pipe is held. The short stem becomes hot, dries the lips and sticks to it. When the pipe is removed from the mouth, it pulls off some of the epithelium. The constant repetition of this act makes the lip sore, and finally it becomes chronically inflamed. Loos, on the other hand, contends that the pipe bears no relation to the occurrence of the disease. Cigar smokers are rarely affected, and the disease is almost unknown among non-smokers. Heredity does not seem to be a factor in the etiology of cancer of the lip.

Other factors to be considered are broken, decayed teeth, and areas of herpes, the margin of a scar, ulcer or fissure. Suspicious ulcers or fissures about the lips should be closely watched and when they do not yield to treatment after a fair trial of local applications, the suspicious area should be excised and submitted to a microscopical examination.

The vast majority of cases occur in persons over 50 years of age. Epithelioma of the lip is uncommon before 40 and is rarely seen in individuals under 30 years of age. Loos' table contains a case occurring at the age of 22 years. The younger the individual, as a rule, the more malignant is the disease.

The course of cancer of the lip, uninfluenced by treatment, is definite. It may begin (1) as a fissure, with hard edges, which refuses to yield to local applications, (2) as an ulcer which declines to cicatrize, (3) it may be a papule in the mucous membrane, or an eczematous surface which oozes and crusts. The first three are rapid in their course and involve the muscles early. The eczematous form is slower and less malignant. When the muscle is involved, the cancer cells are rapidly disseminated. (W. Watson Cheney.) Whichever form the cancer takes in the beginning, it ultimately ulcerates, producing a characteristic ulcer. The edges are raw, indurated, everted and uneven. The base is hard, irregular and sloughy. Worm-like masses may be squeezed out of the ulcer. The discharge from the ulcer is thin, reddish, sero-pus, which is irritating to the neighboring tissues. At times the pus is ichorous. The ulcer spreads until it involves all of the lip and sometimes the floor of the mouth. In neglected cases, the entire lip is destroyed and the saliva dribbles from the mouth. The lymph glands are involved early; often in ten to twelve weeks after the first appearance of the growth. A careful examination should be made for the slightest enlargement of the

glands. This may be more successfully accomplished by placing one finger within the mouth and making counter pressure with the fingers of the other hand beneath the jaw. Even in the presence of extensive glandular involvement metastases are rare.

Koenig gives the duration of cancer of the lip at from one to four years; Senn at three to five years. As we have seen the duration is influenced by the age of the patient, and the character and situation of the growth.

The most common mode of death is by exhaustion, broncho-pneumonia or hemorrhages.

The diagnosis of cancer of the lip is seldom difficult, exceptionally, it may be confused with simple ulcer, syphilitic lesions, tubercular ulcers and rarely with actinomycosis. A simple ulcer which persists in spite of treatment is difficult to diagnose from a beginning cancer. In such cases it is best to excise the sore and submit it to microscopical examination. Tubercular ulcers occur in the young. The edges are thin and undermined and the floor is covered with granulations, the ulcer is encircled by a purple ring of discolored skin. A chancre of the lip may be mistaken for an epithelioma. The initial lesion is more common on the lip in woman than man, while cancer of the lip is very much more frequent in man than in woman. Chancre usually occurs on the upper lip, where cancer is rarely seen. Chancre attacks all ages and it is not rare in the upper classes. Cancer of the lip on the other hand shows a predilection for the laboring classes, and especially those beyond the age of 40. The ulcer of the initial lesion is small and regular and the edges are distinctly circumscribed from the surrounding tissues; the surface is smooth and glazed; the ulcer of epithelioma is irregular, with hard everted edges and a foul sloughy base. In cancer ulceration precedes induration; in chancre induration precedes ulceration. The initial lesion develops rapidly and the lymphatic glands are involved earlier than in cancer. Finally chancre is followed by well known symptoms, which are favorably influenced by mercury.

Early and radical removal of the growth and the anatomically related lymph glands is the rational treatment. No time should be lost in temporizing with caustics, ointments or other local applications. Indeed, they are now rarely employed except as Stokes puts it by "Quacks, and so-called 'wise-men' and 'wise-women.' "

In the beginning of the disease, where only a small area of the lip is involved, the operation is simple, and the results most encouraging. The mortality is small and the promise of a permanent cure is exceedingly good. Of the 565 cases of cancer of the lip, reported by Loos

(Bruns Clinic, Tübingen), covering the period between 1843 and 1898, 484 cases were submitted for operation. Recurrence took place in 33 per cent. Only one-tenth of the relapses occurred within three years. Favorable results were obtained in 11.7 per cent. of the recurrent growths.

Most operators of large experience remove the associated lymph nodes in all cases. A few, Butlin among others, do not believe in this as a routine practice. Certainly there are no surgeons today who would think of amputating a breast for cancer without removing the axillary glands. Why, then, should not the associated glands be removed in cancer of the lips? There is abundant evidence that they are involved early in the disease. There are well authenticated cases (Fricke) where these glands were found to be diseased as early as six weeks after the first appearance of the ulcer. Because they are not palpable, is no assurance that they are healthy. Indeed, microscopical examination has proved the contrary. Speaking of leaving the glands behind Dowd says, there are two possible explanations of this neglect. "It is known that many cases are cured by a simple operation on the lip alone. Second, it is a general belief that the glands beneath the jaw can be felt if they are infected, while many cases have recovered without removal of the glands, and more have died through neglecting to remove them." Certainly the consensus of opinion is for removing the associated lymph glands together with the neighboring adipose tissue.

The choice of incision for the removal of the diseased lip, depends upon the size and situation of the growth.

The tissues of the cheek and lips are a good field for plastic surgery and it is astonishing what may be accomplished here by a skillful operator. Stoker cautions against too much or too free cutting in cancer operations, for the likelihood of a recurrence is greatly increased thereby. It is important to make the incision well to the outside of the indurated area,—say 1-4 of an inch.

The glands commonly involved are those about the sub maxillary salivary glands. Those in the space between the anterior bellies of the digastric muscles and those behind the sub-maxillary gland and beneath the border of the jaw.

The ultimate results of operation for cancer of the lips are better than those in any other locality. As we have seen, the mortality for the operation at the present day is .04 per cent., and the cures—that is no recurrence at the end of three years—is about 66 per cent.

eighty per cent. of the relapses occurring during the first year. A small per centage of these may be cured by a second operation—11.7 per cent.

PREPARATIONS IN TYPHOID FEVER.

By T. A. CASEY, M. D.

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While no claims are made of anything new in reference to this formidable accident, yet I think the importance of the subject will warrant a discussion at this time, and besides the necessity and advantages to be derived by an early operation have not fully permeated the mind of the profession.

FREQUENCY.

This is variously estimated at from two to three per cent.; in fact Anders states that about six per cent. of all typhoid patients have perforation. This it appears to me is too high an estimate, but it would certainly not be unreasonable to say that about five persons out of every 200 who have typhoid fever die with perforation. My personal experience would not justify this statement, but it is claimed that postmortems reveal perforations in some cases where there were no symptoms whatever prior to death. This is styled the insidious form. It might be observed also in this connection that some cases have been operated on having well marked symptoms without finding the perforations.

In Anders' work on Practice, page 18, he has the following to say in reference to the pathology of typhoid fever: "In all save the milder grades of cell infiltration the hyperplasia of the lymphatic cannot subside before necrosis occurs. The latter process results partly from compression and choking of blood vessels by the cell infiltration, and partly from the direct action of the typhoid bacillus, leading to so-called necrosis. Thus necrotic crusts (sloughs) are formed, which are generally separated and cast off. While not all of the glands of Peyer, which are the seat of cellular infiltration, undergo subsequent necrosis, as a rule those situated in the lower portion of the ileum do, and show the process in its completest development. The depth to which the necrosis extends is quite variable. It may involve only the most superficial layers of the mucosa, or it may extend in depth till it reaches, or even perforates, the outer or serous coat; but usually this work of destruction does not dip below the submucosa or muscularis. The necrosed portions become detached—a process that proceeds from

the periphery towards the center—leaving behind the typhoid ulcer. The stage of necrosis and sloughing begins between the eighth and tenth days and ends on or about the twenty-first day.”

CAUSES.

Like a great many other diseases and conditions the causes are of two kinds: predisposing and exciting. The predisposing cause is to be found chiefly in the lesions which accompany typhoid fever, namely, necrosis, sloughing and ulceration of the intestines.

The exciting causes are indiscretion in diet, over exertion, frequent purgation and bowels distended with gas.

It would seem that a mild case is about as liable to perforation as a severe one, and some say even more so. Hare says: “Perforation of the bowel in typhoid fever bears no relation to the severity of the general symptoms,” and that many such cases belong to the so-called walking typhoid.

Males are more liable to perforation than females, thus three out of the cases that I have seen were young men.

In the *Therapeutic Gazette* for May 15, 1904, we have an abstract of an article by Harte and Ashhurst, who have examined the records of 362 cases that had had laparotomy performed for intestinal perforation in typhoid fever. They state that the white race is more liable to perforation than the negro; that the site of the perforation in 75 per cent. of cases was within twelve inches of the caecum and situated on that portion of the bowel diametrically opposite the mesenteric attachment; it was occasionally found between the layers of the mesentery, forming a retroperitoneal abscess. The point is also made in this article that in the typical cases the diagnosis is easily made, but in some instances it is very difficult, and that you cannot rely on the condition of the blood for a diagnosis. They further state that we have to differentiate between this condition and hemorrhage sometimes, and that if ideal cases are operated on properly at the right time the mortality should be less than 50 per cent.

SYMPTOMS.

Pain in the abdomen, which is sudden, severe and persistent, and rigidity and tenderness over the site of the perforation are the most important symptoms. The patient frequently has shock with low temperature and rapid pulse. He assumes an anxious, haggard expression from the severe pain and a sense of impending death. Absence of liver dullness due to the escape of gas into the abdominal cavity pushing the liver upward is considered an important physical sign.

The mortality if left alone is very high—95 to 98 per cent.—and some say that recovery is impossible with perforation. Still it does seem reasonable that one case in several hundred with a pin-hole perforation might recover if we should have a localized peritonitis with abscess walled off.

Hare reports the following case which shows that some cases do recover. On page 132 in his work on Typhoid Fever he says: "A very extraordinary case is that reported by Heagler. A woman suffering from ventral hernia was attacked with typhoid fever and perforation of ileum occurred in hernial sac. This resulted in sloughing and fecal fistula of large size was formed. Great emaciation ensued, but the woman recovered."

He also mentions the fact that in 1891 Reeves made the statement that he had seen five cases presenting all the signs of perforation, yet the patients recovered; but Loomis said at the same time that he had never seen recovery after unmistakable signs of perforation.

When perforation occurs in a typhoid fever patient it might be said that he is then dying. He is like a ship at sea with a hole in her side below the water line—it is only a question of a short time till the fatal ending.

TREATMENT.

Every physician who undertakes the treatment of a case of typhoid fever should be in close touch with a surgeon who can perform laparotomy at any time after two or three hours notice. To wait is worse than folly. I think it would be well to operate at patient's home and not haul him around after the perforation has occurred. If you cannot get a clean, suitable room, take an improvised tent and have the operation performed at the earliest possible moment. Some one has said: "Fiddling while the city is burning." The term could be well applied to this case. There is only one condition in which the operation would be contra-indicated, and that is a moribund patient.

The operation has been performed a great many times with success, and quite a number have submitted to a second operation during the same attack of typhoid fever, and a good per cent. of these have recovered. Only a few years ago it was thought that a typhoid fever patient could not withstand a severe operation, such as laparotomy, but this has been proven to be untrue. Our neighbor, Dr. Haggard of Tennessee, has operated several times successfully, and he is so enthusiastic over the operation that he says that the abdomen of every typhoid fever patient should be carefully examined daily to see if you

cannot detect signs of a perforation even before the patient makes any complaint.

REPORT OF CASES.

Case 1. R. W., male, aged 22, in October, 1901, had what was thought to be a mild case of typhoid fever. During the third week he was taken at night with a sudden pain in right side near the appendix. He did not go into collapse although the pain was agonizing in character. The patient was seventy miles from Birmingham on a branch of the N. C. and St. L. R. R. It being Sunday we had no train, hence a special train was sent out from Guntersville so as to give the young man the advantage of operation as early as possible. We reached Birmingham twenty hours from the time the pain developed, but Dr. John Davis declined to operate, as it seemed that general peritonitis had supervened. The patient died in forty-eight hours from the time the perforation occurred, and the post mortem showed a large perforation in the ascending colon near the cecum.

Case 2. J. C., Male, age 20. In November, 1903, he had rather a severe case of typhoid fever, I saw this case with Dr. Collins during the fourth week after he appeared to be convalescent. He had pain, rigid bowels, and went rapidly into collapse, dying in about twelve hours. No post mortem was made.

Case 3. Mrs. A., aged 19, in December, 1903, had typhoid fever. I saw this case with Chamblee in East Birmingham about the fourth week. Her bowels were rigid and tympanitic. About one week prior to this time she had symptoms of collapse from which she gradually rallied, but the bowels remained rigid, tympanitic and tender. The pulse was also quick and thready. The patient died about the fifth week with some pneumonia symptoms, but it is my belief that this was a pin-hole perforation and would have been a good case for operation.

Case 4. E. L., male, aged 22, in June, 1904, had what appeared to be mild typhoid. I saw this case on June 18 with Drs. Whaley and Wilson. It seemed to be a typical case of perforation with stercoraceous vomiting. We advised an operation, stating at the same time that we thought death would ensue. The operation was undertaken seventy-two hours after the perforation had occurred. The belly was found to be filled with fecal matter from a good sized perforation. The patient died before the operation was completed.

REGARDING THE WIDAL TEST.

By JAMES S. McLESTER, A. B., M. D.

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All agree as to the great diagnostic aid of the Widal test in typhoid fever, but opinions as to just how much value should be attached to this reaction still differ widely. The statement is usually made that a positive result is obtained in ninety-five per cent. of all cases of typhoid fever, but with careful technique and repeated trials it is probable that this percentage can be increased. The blood does not usually possess agglutinative power until the seventh or eighth day of the disease, although sometimes it is seen earlier and in a few cases does not appear until convalescence has set in. Significant is the fact that observers have sometimes noted an intermittence of this reaction, which behooves us to make frequently repeated trials. We have in the hospital now a case which gave a negative reaction constantly until the fourteenth day, at which time agglutination occurred. On the other hand, I have as a hospital resident frequently seen the reaction occur on the third or fourth day. Generally agglutination is most marked at the time of the maximum pyrexia.

Question frequently arises as to the length of time the Widal reaction persists after the patient has recovered, and only the most general answers may be given. It persists so long as he is immune to typhoid fever, and that may mean weeks, months or even years. In this connection let me mention that individuals do undoubtedly exist who are naturally immune to this disease and it is probable that from this class come most of those instances in which the Widal reaction is obtained and enteric fever is positively excluded. Cushing found typhoid bacilli in the gall bladder of a case of cholelithiasis who had never had typhoid fever, and the Widal test here was positive. I had occasion recently to examine the blood of a patient who had had typhoid fever one year ago, and the reaction here, while not positive, was distinctly suggestive, so that had we not known of this previous illness we should have been very much puzzled. It is necessary in those cases where we get the positive Widal reaction and are able to exclude typhoid fever to consider the atypical lesions, such as osteomyelitis, sometimes caused by this organism.

Two cases serve to illustrate the value of this test. A negro child four years old came under my care with every symptom of tubercular meningitis, high fever, vomiting, headache, retraction of the head.

scaphoid abdomen, ocular disturbances, twitching of the muscles, and later convulsions and coma. I performed lumbar puncture and made cultures of the fluid with negative results. A positive Widal reaction was obtained and upon this a diagnosis of typhoid meningitis with its prognosis of less gravity was made. The recovery of the child proved the correctness of the diagnosis.

Another case, also a child, presented the symptoms of acute appendicitis and was prepared for operation, but as there was no leucocytosis the blood was tested and agglutinated the typhoid bacillus. The diagnosis was revised and the subsequent autopsy showed the typical lesions of typhoid fever.

As regards those cases where agglutination of the typhoid bacillus is caused by the blood of the patients suffering from some other disease, they do sometimes occur although they are probably more rare than is generally supposed.

Occasionally are cases reported similar to those of Lubowski and Steinberg as quoted in this week's Journal. These observers report two cases of otitis media each presenting the Widal reaction. In one the *B. proteus* was the infective agent and in the other the *B. proteus*, a staphylococcus and a streptococcus were found.

So we are forced to conclude that while the Widal test is of very great diagnostic value in typhoid fever, it is not absolute and must be considered in connection with the other clinical data. Considering the simple technique of this test and the great prevalence of enteric fever it is surprising that all, instead of a few, practitioners do not take advantage of its aid in diagnosis. I shall not enter into a recitation of the various ways in which this agglutinative phenomenon, first observed by Pfeiffer and later made practical use of by Widal, can be brought to one's aid, as any of the text books on clinical diagnosis will give practical directions on that point.

The method which I use is that usually recommended for practical clinical work and can, I think, be carried out by every physician. First of all a typhoid culture upon agar-agar is required. A wholesale drughouse in this city keeps the various culture tubes on hand, and the first inoculation may be had by writing to the janitor of the Johns Hopkins or almost any other pathological laboratory. These cultures are grown at ordinary room temperature. In making the test it is preferable to use a neutral peptone bouillon culture about ten hours old, but as the general practitioner is not prepared to make and sterilize this bouillon another method will suffice. Drop ten or fifteen drops of sterile water in a 24-hour old agar culture of the bacillus and make an emulsion of the colony. To obtain an accurate dilution

of the blood I usually use the Thoma-Zeiss leucocytometer, making a dilution in sterile water of 1 to 20. This instrument is not absolutely necessary, however, and the physician may use any method he sees fit for obtaining a reasonably accurate dilution. With a platinum loop one drop of this solution and one drop of the typhoid emulsion are thoroughly mixed on the cover slip and mounted upon a drop culture slide, the edges of the slide being sealed with vaseline to prevent evaporation. This gives a blood dilution of 1 to 40. If complete agglutination and cessation of all motion occurs in one hour the reaction may be considered positive. All that is needed beside the microscope is the culture, the platinum needle, the alcohol lamp and the drop culture slide, all of which may be obtained in this city.

FAKE ADVERTISING IN RELIGIOUS JOURNALS.

By E. H. SHOLL, M. D.

BIRMINGHAM, ALA.

For several months my attention has been called to the conspicuous advertisements of this class in several denominational journals, two Presbyterian and one Methodist. One very pronounced one occupying a whole page in these papers claimed to cure Bright's disease and many other ailments known to be absolutely incurable in their chronic condition by the best of human skill—not differentiating in their claims as to whether the disease is acute or chronic. They thus lure the unwary and the drowning to grasp at a straw. "Cancer of all kinds to be cured by rubbing with oil!"—"Morphine habit to be cured for five dollars!"

The editors, business managers and proprietors, if gifted with ordinary discretion, must know these arrogant claims cannot be entitled to credit. In trying to abate this wrong I talked with one editor and wrote to two telling them of the injury they were doing and of the injustice to their patrons, but to no effect, as the same objectionable advertisements are repeated and continue to appear.

What shall we or are we to think of religious journals that resort to such advertisements as are refused by the New York Times, Truth of Buffalo, and Everybody's Magazine? How are we of the laity to serve the advice in one column of the paper pointing to the soul's betterment and in another column by tacit permission to insert that which in the end, by holding out false hopes, leads to the further wreckage of the body and to the leaning on a spear that pierces the possible chance of the least opportunity of recovery from

the given malady? I do not wish to bring "railing accusation" against my brethren, as it might have been charitably supposed that it was done through ignorance, but when attention is called to the facts in the case and continuous approval records itself in the columns, the inference is so plain that "he who runs may read."

This thing has been a shock to my sense of right, as I cannot reconcile it to my views of what should be the exponent of right and virtue, and I cannot feel clear in my own conscience until expression has been given to my condemnation of a course for which there is no righteous excuse.

CASE OF SPLENO-MADULLARY LUKEMIA.

By W. W. HARPER, M. D.

SELMA, ALA.

I believe a report of this case will do much good, as the report of a similar case has been the means of prolonging the life of a young woman, if not actually curing her of a fatal disease.

In June, 1903, I was called to see a lady 27 years of age. Her family history was negative. She presented the symptoms of an ordinary attack of malarial fever, but the fever did not yield to quinine. I did not, however, consider the fever typhoid, although there was some enlargement of the spleen with a temperature running anywhere from 100 in the morning to 104 degrees in the evening.

After lasting for three or four weeks the fever disappeared, but still the patient did not get well. She went from bad to worse, became weaker and weaker, more anemic, with a gradually enlarging spleen. In August she went to the country and spent some time, thinking a change would be beneficial. When she returned, I found the spleen had descended below the umbilicus, and to the right of the median line. Her general condition was bad and a physical examination revealed a patch of subcrepitant rales at base of right lung. A blood examination showed myelocytes, and I diagnosed spleno-medullary leukemia. She visited a brother in Columbus, Ga, and while there two experts examined her blood and confirmed our diagnosis.

November 3rd the patient was much worse. She was very anemic, had no appetite, was emaciated, and so weak that she could hardly walk across the room. She was nervous, had some fever, the spleen filling up one-half of the pelvic cavity and pressing on pelvic floor. Dr. Claude Smith, of Atlanta, and Dr. Mack Rogers, of Birmingham, were attending a meeting in Selma at this time. They kindly

saw this case with me and confirmed the diagnosis and gave a gloomy prognosis.

The patient had been given medicine galore ad nauseam. I told the family the case was hopeless and the patient prepared to meet the end which would soon come. This distressing prognosis was made on Thursday, and on Saturday I received the Therapeutic Gazette and read the editorial of Dr. Senn's case treated with the X-ray. I immediately began X-ray treatment with my patient. I treated her ten minutes every day for several months. The tube was placed as close as possible to the spleen. After a month's treatment her appetite returned, fever disappeared, she felt much better, and could walk to my office several blocks away. At the end of two months pink roses began to bloom on her cheeks and all her friends were asking, "What has wrought this wonderful change?" The spleen was shrinking right along. The first evidence of improvement (noticeable to the patient) was a softening of the spleen.

April 4, 1904, the spleen is on a level with the umbilicus, she has regained her normal weight and has resumed her work as a stenographer. No other treatment was used except the X-ray.

I do not intend saying that the patient is cured, but when we realize that leukemia is a fatal disease, I think we can rejoice in having found a means of staying the hand of death and bidding Godspeed to the angel of health.

EFFECT OF SALINE MINERAL WATERS ON METABOLISM.

Dapper, who has subjected the properties of certain saline waters to exhaustive clinical studies, comes to the conclusion that these waters have great value in modifying the formation of hydrochloric acid in gastric disorders. In many cases of catarrhal and other conditions a pronounced and permanent increase in hydrochloric acid formation is produced. In disorders associated with hyperacidity, especially in nervous dyspepsia, the judicious use of the waters is followed by a reduction of the acidity and improvement in the symptoms. The treatment does not require adherence to a rigid diet, indeed, strictness in this regard is often undesirable. Especially the use of fats in considerable quantities, of raw fruit, of salad, vinegar, etc., is in many cases beneficial rather than the reverse. Large amounts of saline waters do not impair the assimilation of fats or other foods, and they may safely be administered even in the treatment of obesity. Uric acid excretion is slightly increased, so that these waters are entitled to consideration in the treatment of uric acid retention,—Von Noorden's *klinische Abhandlungen*, No. 5, 1904.

Selected Articles.

"AWAY BACK."

By D. L. FIELD, M. D.

JEFFERSONVILLE, IND,

Of all the interests of this mortal life, the preservation and care of health are the most important. Without health, existence is a burden; days and nights, and times of seasons, perform their revolutions, spread abroad their beauties, and exhibit their varieties in vain.

As the title would convey, I am going "away back." The invention of medicine is generally ascribed to the first Hermes. He was regent of Egypt, of the second dynasty of Monetho, and tutor of Queen Isis. He published six books on physic; the first treatise of anatomy. The name of "Escaulapius" was given him, on account of his great skill in healing diseases, as the term implies; being a compound of two Greek words, "asulen" and "epeus"—"merciful healer." Queen Isis invented several medicines, and was called by the Egyptians "Goddess of Health." There were "specialists" among the Egyptians, as every physician confined himself to the cure of one disease only. One had the eye, another the teeth, the head, the viscera, surgery, anatomy and embalming. Such undivided attention to but one subject was defeated in all its beneficial results by confining the physicians to fixed rules, and recipes set down in their sacred registers, collected from experiment and observation. So long as a physician practiced according to those rules, he was safe, let the medicine have what effect it might; but the moment he dared to depart from those rules and follow his own judgment, it was at the hazard of his life, which he most assuredly lost, if the patient died! The distribution of medicine into distinct departments gave rise to a vast number of physicians in Egypt, and would have been a source of great improvement in the science, had it not been for the restrictive laws of that ancient kingdom. Physicians had a provision made them by law, which required them to practice in the army, and on strangers traveling in the country, without fee or reward. Their medicines were simple, prepared from herbs, and were generally evacuants—which they effected by injections, emetics, fastings, and the waters of the Nile. They were repeated every day, or every third day, as the case might be, until the patient was relieved.

Physicians in addition to their science, studied astronomy, magic and ritual mysteries; believing that the influence of a God, a star, or a planet, or tutelar divinity gave powerful influence and efficiency to their prescriptions, and secured the recovery of their patients. Religion mingled with their operations, and their books were filled with recipes, founded on experiment and observation; but their grand discovery, was a chemical preparation made by the aid of the philosopher's stone, or as others have claimed, a vegetable remedy; an immortal "catholicon," which not only cured all diseases, but restored the aged to youth. Their kings caused bodies to be dissected, for the purpose of perfecting them in the art of healing. In anatomy they had curious notions, one being that a particular nerve proceeds from the heart to the little finger of the left hand. On this finger, the Egyptians always wear rings, and the priests dipped that finger in the perfumed ointment to sprinkle the victim and the worshippers. That a man cannot live more than a hundred years, because they found by experiments, that the heart of a child one year old weighed two drachms; that it increased by the ratio of two every second year, till fifty; when it decreased in the same proportion till one hundred years old, when the aged actually died from want of heart—atrophy.

Mythological history says, medicine was brought to Greece from Egypt by the sage Chiron, the Centaur, and son of Saturn. He accompanied the Argonauts, and was the most learned genius of his time.

He taught Apollo music, Esculapius medicine, and Hercules astronomy.

His knowledge of simples, the reduction of luxations, and setting of fractures, as followed by Egyptians, is all we have of his theory of medicine.

He was shot in the heel by a poisoned arrow, and prayed Jupiter to take away his life. The God heard his prayer and translated him to the heavens, where he shines in the constellation—"Sagittarius."

Esculapius, the Greek, and scholar of Chiron, was the son of Apollo and Coronis. He flourished before the Trojan War. In his infancy he was exposed on a mountain of Thessaly, and was suckled by a goat and defended by a dog. The shepherd having for some time missed his goat and dog, went to seek them on the mountain and found the child, who was possessed of extraordinary beauty. The shepherd brought it up with the greatest care, and when a boy, he placed him in the hands of Chiron, by whose instructions he so largely profited, that his fame far surpassed his master.

The most dangerous wounds, diseases and maladies yielded to his remedies, his songs, and his magic. For his assumption that he could call the dead to life again, Pluto was so enraged at such inroads upon his dominions that he struck him dead with a thunder bolt. He was deified by the Greeks, who showed the most unbounded love for his memory. The secrets of his art he communicated to his children, and they were retained in his family, until they burst forth with peculiar splendor, and shone out to the possession of the world in the writings and character of Hippocrates.

Hippocrates was born in the island of Cos, 461 A.C. His father was the 17th in lineal descent from Esculapius. As the grand sum of all medical skill consists in reason and experience; and as the union of these forms the accomplished and successful practitioner, he prepared himself to add reason and argument to the rules of Greece and Egypt; and at once exalted medicine to the dignity of a science.

Hippocrates, educated in the medical art, found at once the vast advantage that would be gained through knowledge of philosophy, and thus enrich medicine by a union of both sciences. He applied himself with the utmost assiduity to the study of everything that would contribute to his powers of perception that he might be enabled to discover and explain certain phenomena observed in the human body, both in health and disease. Through his wonderful methods, the science of medicine made sure and marvelous progress toward exactness. He wrought prodigies; discovered new remedies; and in all the places honored by his presence, he was revered and crowned with laurels. The love of doing good—and in a long life—actuated by a single purpose—he died at the advanced age of ninety-nine years. He was the author of many medical and scientific works, viz: eight folio volumes on maladies which he followed through their different stages; observations on his own experience and that of other ages in diagnosis and treatment of disease; reasoning of the causes, cures and symptoms of disease; on air, water, and climate.

His rules for the education of a physician are admirable, viz., as life is short and art long, study should begin in early youth. Second: examine whether his genius is adapted to the study of medicine. Third: has he received from nature an exquisite discernment; a sound judgment; a character in which mildness and firmness are combined—that he may sympathize with the sufferings of others—that he may naturally feel the tenderest commiseration for the ill and woes of his fellow mortals. Fourth: he must combine the love of his vocation with the desire to emulate all that is amiable and praiseworthy. Let him practice the manual operations of surgery; let him study the

whole circle of science; let him travel and extend his knowledge through different countries and cities; let him observe the difference in air, and waters to be drunk; the eatables and the principal foods, as causes of sickness. He must know by what signs maladies may be known; by what regimen they may be avoided, and by what remedies cured. Experience is less dangerous than theory without experience—for it is not in the dust of the schools that we can learn the art of interrogating nature—and the still more difficult art of awaiting her answer. You must conduct him to the abodes of pain, already veiled with the shades of death; when nature, exposed to violent attacks of the enemy, falling and rising, only to sink again—displays to the attentive eye her wants and resources. The student, as he witnesses this terrible combat, shall watch and seize the instant which may decide the victory, and save the life of the patient. In the description of the student's qualifications, he draws a portrait of himself.

The style of Hippocrates was concise and beautiful, hastening forward over trivial difficulties to arrive at grand conclusions. His memory is still cherished by the Greeks, and he is distinguished as the "Father of Medicine."

Celsus was born in Venice, and flourished under the Caesars. He was a profound admirer and student of Hippocrates. He wrote eight books on medicine; the first four on internal diseases, and two on cases properly belonging to surgery. He was greatly beloved in Italy, and held in high esteem by the Emperors.

Galen was born at Pergamus, and was a diligent and laborious student. He closely followed the great Hippocrates, and wrote a commentary on his works. He confesses, with gratitude, his debt to the father of medicine, and mentions his knowledge of the motion and circulation of the blood. He visited the schools of Greece and Egypt, and the islands of Crete, Cyprus and Rhodes. Galen lived ninety years, and died at the place of his birth, after having acquired great fame, and ranking next to Hippocrates on the roll of great and splendid men. He wrote five hundred volumes of philosophy and medicine. They were deposited in the temple of Peace at Rome, and were destroyed when the city was burned by the Goths and Vandals.

For a long period after the days of Hippocrates, no eminent physician appeared for centuries. The pursuit of the leading art languished but did not disappear entirely. In Greece the Votive tablets suspended in the temple of the gods, displayed to the eyes of the student of medicine the diseases, their history, and the means of cure. In India the sick were laid on beds by the wayside, that every passer by might be consulted as to the means of recovery. If any one discovered a

poison, he was obliged to conceal it until he had also found its antidote, and then both were proclaimed. This was a part of the code of maxims, which for ages distinguished the earlier races of human beings. In Rome, for five hundred years, the practice of medicine, or the healing art, as it was called, was confined to women. They practiced incantations and sorcery. The decline of the Roman Empire was the destruction of all the arts and sciences, and the few fragments of learning that remained were concealed among the fraternities of priests, monks, and secular clergy. Through the long and dreary period of a thousand years of bloody wars, no attention was paid to diseases, as millions perished in the vortex of war. At length science roused her giant form, and shook off the slumber of ages. After the revival of learning, the works of the medical sages of the centuries past, were sought after with great avidity, and culture and improvement began rapidly to appear. The whole of the sixteenth and seventeenth centuries were devoted to teaching, expounding, and commenting on the systems of medicine of the ancients. They were called Galenics, and their pathology and practice were conducted on the same principles and rules.

Early in the sixteenth century, the famed Paracelsus advanced his clinical system to the world, which was opposed to the Galenic system. They, however, held possession of the schools to the end of the seventeenth century. The Galenists were finally forced to yield: and the humoral and chemical pathology, which had agitated and divided the schools for two hundred years began to retire in the shade, and give way to a new and splendid light then dawning on the medical world. About this time, the circulation of the blood became generally known; and this discovery, together with the knowledge of the receptacle of the chyle, and of the thoracic duct, combined to completely explode the Galenic system. In the course of the seventeenth century, Gallileo had introduced the mathematical mode of reasoning; and Lord Bacon had proposed to the world his new mode of reasoning, by an induction of facts. These new modes of philosophizing had soon a very visible effect on the science of medicine. A disposition to more closely observe facts, and make experiments, began to prevail in the schools, and to fix the attention of keen and accurate inquirers. The clear view of the organic system of animal bodies, presented by the knowledge of the circulation of the blood, led not only to a deeper acquaintance with the internal structures, but also to the means adapted to a thorough examination of the phenomena of animal life. This became a fashionable mode of reasoning until a very late period; but it was found to be a very defective mode in explaining the animal economy;

and although it was partially in use down to fifty years ago, it is easy to demonstrate that the humoral pathology, i. e., that disease is caused by a condition of the body fluids, and medicines were employed with a view to their primary effect upon the blood.

We had the humoral, then the chemical, and the corpuscular systems; and Des Cartes combined and commingled all. The last system was in vogue down to the close of the eighteenth century. The history of the evolution and development of the science of medicine, is a curious and interesting study. In succession, medical knowledge has been enriched by Sydenham, Boerhave, Cullen, and our own Rush. It is enough to jar our own foundations of confidence in medical science, to find that so many systems were accepted and practiced for so many centuries, to be overthrown one after another, as false pathology, and fatal practice from one period of medical science to another. It is indeed sad that so many theories the result of great industry, labor and research by the greatest minds in the world should be thus buried in the oblivion of the remorseless past, and their authors and labors forgotten.—Louisville Monthly Journal of Medicine and Surgery.

ALCOHOLISM AND ITS TREATMENT AMONG THE INSANE.

By H. W. MITCHELL, M. D.

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The treatment of alcoholism in all its phases leads one into many fields. It is not the purpose of this article to discuss the subject in its broadest view, but to limit observations to that group of alcoholic cases requiring treatment in the public insane hospitals. The number of insane as a result of alcoholic habits is large and relatively increasing. Conservative estimates, both in this country and Europe, show that from 15 to 25 per cent. of the admissions to insane hospitals are cases in which alcohol is the prominent etiological factor. It follows that physicians among the insane have a considerable experience in the observation and treatment of a peculiar group of alcoholic victims, showing the worst effects of inebriety.

We may, for the sake of clearness, describe the cases under the terms acute and chronic alcoholism, placing under the former heading the cases of delirium tremens, and of acute alcoholic hallucinosis, and including under the latter cases of alcoholic delusional insanity, dementia, and the so-called dipsomaniacs showing no special mental symptoms, and who in some localities are cared for largely in the insane hospitals, and in others are sent to penal or special institutions.

In the case of delirium tremens we are dealing with an acute disease of a few days' duration tending to self-limitation and recovery, barring complications. It is of the highest importance that the case should receive careful nursing and medical attention from the onset of symptoms until convalescence is established. It is too often the case that a patient is compelled to pass one or more days in the police station during the height of symptoms, exhausting strength and sustaining bruises which are often the seat of subsequent infections, becoming serious complications because of the patient's weakened powers of resistance. It is the duty of public officials to devise means whereby these patients may speedily be placed under appropriate environment and not left to the care of station-house officers.

The indications for treatment in this acute toxic delirium are to lessen motor excitement, sustain strength, promote elimination, and to induce sleep.

It is a serious mistake to employ mechanical restraint or the solitude of a padded room as the routine treatment of acute alcoholic cases. In home care it may seem necessary to employ restraint, and in the hospital it may be an easy solution of the problem to close the door of a padded room upon the delirious patient and leave him to exhaust strength following his delirious inclinations, but either procedure should be regarded as a measure of expediency not to be employed when other methods of care are possible. The delirium is usually of a nature peculiarly ameliorated by the constant efforts of a well trained nurse. Such a one by tactful conversation and attention can often accomplish the seemingly impossible by keeping the patient resting more or less quietly in bed until sleep can be induced.

During the early stages of delirium the prolonged warm bath will be found to influence motor excitement favorably, the patient often submitting to prolonged immersion with little active objection.

The wet pack may be substituted for this measure, but active objection on the part of the patient interferes with the proper technique, and it is contraindicated unless this can be carefully followed.

The control of motor excitement is of prime importance because of its harmful influence upon the often weakened heart of alcoholic subjects. Rest in the recumbent position with the least possible expenditure of the patient's strength, is the end to be obtained, if possible.

To sustain the strength nutritious liquid food should be given freely at regular intervals, if the stomach permits. The circulatory system will often need stimulation. Strong tea or coffee, strychnine, dig-

italis, or normal salt enemata or infusions, can be employed as indicated. Much is said for and against the use of alcohol as a stimulant in delirium tremens. Each physician must choose for himself whether its administration is or is not indicated. It is argued that as delirium tremens often seems to follow the sudden cessation of drinking habit, its gradually decreasing use is of benefit. The burden of proof rests with those who hold this theory. It is certain that the withdrawal of alcohol does not affect a series of cases unfavorably, either as related to severity of symptoms or mortality. In view of the somewhat questionable value of alcohol as a therapeutic remedy, one finds it difficult to believe that its use is of any benefit in the treatment of a condition unquestionably due to its toxic influences on the nervous system.

The bowels and kidneys should be kept active to promote elimination. In asthenic cases frequent enemata of saline solution may be found to serve the double purpose of stimulation and elimination.

To promote sleep is the chief indication, and no routine measures can be expected to produce uniformly good results. In some cases sleep will often follow the use of the warm, full bath and the wet pack, while others will tax all resources. The hydrotherapeutic measures can well be tried in all cases, and, supplemented by drugs, give excellent results. In the selection of the latter one finds unlimited choice. No one hypnotic seems to have a specific action in alcoholic delirium. Chloral is to be used sparingly because of its depressing effect on the heart. Opium preparations do not meet the indications. Sulphonal, trional, and similar remedies are uncertain and often ineffective. Hyoscine hydrobromate, gr. 1-100, with morphine sulphate, gr. 1-8 to 1-4, has been found to be a fairly reliable combination, and to have no appreciable bad after-effect. Some recommend the former drug in frequent doses until the amount used in twenty-four hours may equal 1-4 grain. It is doubtful if best results are obtained by such liberal use of the drug. Paraldehyde, in doses of one to two drachms, is a particularly reliable hypnotic, and so far as observed can be safely used in all cases. It should be a general rule to produce sleep with the least possible depression.

It is a mistake to conclude the patients are well able to care for themselves when the delirium has but just subsided and strength partially restored. Even though, with characteristic lack of proper insight, they see no reason for this conclusion, detention in hospital from three to six months is best for the patient. Tonics and hydrotherapy, combined with fresh air, light exercise, full diet, and complete abstinence from alcohol, are imperative measures to be followed

for a long period if the poisoned nervous system is to be restored to a condition where it can best withstand the renewed alcoholic indulgence which so frequently follows. It should be the aim to release the patients only when restored to the best possible physical condition, and to strengthen by every moral influence the weakened willpower to resist further temptation. Continued indulgence after delirium tremens is often followed by development of a chronic alcoholic psychosis.

The many possible complications require symptomatic treatment, but the indications outlined above are still to be met.

Alcoholic hallucinosis may be of the acute or subacute type, and in the former often simulates delirium tremens, but the characteristic physical condition and signs of delirium are wanting. The physical symptoms require much less attention; tonic treatment is usually sufficient, though hypnotics may be needed for a short time. During the period of active visual and auditory hallucinosis careful oversight must be maintained because of pulse. In the writer's experience about 20 per cent. of cases showed active suicidal tendencies.

In the subacute type there is danger of recurrence of mental symptoms, after weeks of apparently normal attitude. Careful observation should be prolonged for several months after disappearance of mental symptoms.

The mortality in uncomplicated cases of acute alcoholism is practically nil. In general hospitals, where complications are usually present, the results must vary with the severity of complications. Recurrences are only too common in the experience of hospital physicians, and the attacks are frequently followed at a longer or a shorter interval by development of a more serious alcoholic psychosis, as a direct result of resumption of drinking habits.

A few words may be spared to a description of the varying conditions found in chronic alcoholism.

Among the so-called dipsomaniacs we find many who are constant and persistent consumers of alcohol whenever the opportunity is presented to satisfy their appetites, and the only prolonged abstinence they experience is during the periods of confinement resulting from their dissipation. The toxic effect of alcohol is thus cumulative and results in weakened willpower, loss of finer sensibilities and mental capacity. With patients of this class little can be done for their improvement beyond giving them temporary relief from the immediate effects of excesses. The only hope is to arouse the will-power of the inebriate to a continued struggle against the appetite, and to place

him under influences calculated to make his task possible. Relapses occur in the great majority of cases that have progressed so far as to require hospital commitment.

Another class of inebriates is recognized who have periodic excesses and who in the interval are total abstainers. To some of these alcohol is even repugnant when not under its influence. A change in mental state precedes the periods of excesses. It is characterized frequently by depression, anxiety, and restlessness. This condition has been considered by some to be one of the manifestations of psychic epilepsy, and the rational treatment is preventive. The condition should be recognized and restrictive measures adopted until the desire for drink has passed.

The cases of alcoholic delusional insanity often terminate in states of hopeless dementia, for which custodial treatment is the only indication. In every case of this psychosis the patient should be carefully watched or restrained until the activity of hallucinations and persecutory delusions has subsided. The danger of homicidal or suicidal attempts is very great during the early periods of the psychosis, and freedom from alcohol for a long period after the cessation of all signs of active mental disturbance is the only measure that offers the patient hope of permanent improvement.

In the treatment of these states alcohol in any form is absolutely contraindicated, and the subsequent health of the patient is rarely maintained unless the habit is completely suspended. It is not safe for the individual weakened mentally and physically by prolonged excesses to tempt further misfortune by the mildest indulgence. The confidence of the patient in his ability to drink moderately and the resulting failure are proverbial. Total abstinence is the only end to be sought. How to secure this result should be the study for each case. It is not sufficient to explain to the convalescent alcoholic the need of future abstinence, and leave him to the sole use of his limited powers of self-restraint. Impress upon him the fact that future health depends upon total abstinence, and in addition give every aid that family interest can afford. If possible, bring him under influence of temperance societies. The writer has induced many patients to take a pledge with their clergymen, with successful results for years in a minority of cases. It must be recognized that the confirmed alcoholic is often unable to exercise ordinary powers of resistance, and that his honest desire for reform must be supplemented by the active co-operation of associates or family.

The therapeutic measures in uncomplicated cases of chronic alcoholism are simple. Institution care, where habits can be controlled, is indicated. Small doses of the bromides for a short period are useful to allay the tremor and restlessness and induce sleep. The frequent gastric disturbances rapidly disappear after the cessation of alcohol, and adoption of diet chosen with reference to the condition. Bitter tonics may be useful in restoring appetite. Elimination by simple diuretics and aperients can be supplemented by diaphoresis induced by wet packs or hot-air cabinet, according to the strength of patient. The latter procedures should be followed by cold spray or douche, the temperature and duration being determined by the conditions of each case.

Nux vomica strychnine, iron preparations, cod-liver oil, are to be used as needed. Tonic hydrotherapeutic treatment is always useful and gratifying to the patient. It should be graded so as to produce the vasomotor reaction that is the guide in these measures.

The iodides and gold salts are recommended for alterative effect.

There is no specific drug for cure or prevention, despite the widely advertised "cures."

The period of detention is often too short. In delusional cases the time should be determined by the mental symptoms. In others it is best to continue the institution care from six to twelve months. During the larger part of this period the patient should be encouraged to take up regular daily work, suited to strength and capacity, preferably in the open air. Formation of habits of idleness should be discouraged.

In addition to the forms of chronic alcoholism mentioned, there is a small group, something under five per cent. of the alcoholic cases treated in insane hospitals, of alcoholic polyneuritis with the Korsakoff symptom-complex. Absolute rest in bed is required until signs of active neuritis have subsided, when gentle massage and mild faradic muscle stimulation may be employed, and exercise slowly and gradually adopted. The general treatment should be along the lines mentioned in other cases of chronic alcoholism. Prognosis should be guarded, as a state of permanent mental enfeeblement often results.

Such measures of medical care and supervision, regular habits and occupation, continued for many months, and followed by constant employment of all possible moral support after discharge, furnish the best known treatment for cases of chronic alcoholism. Relapse must be expected frequently even in apparently hopeful cases, and should be met by prompt recommitments.

It would seem best for the economic interests of society to demand the permanent detention of intractable cases and their employment in some industrial pursuit.—Phild. Therapeutic Gazette.

THE ETIOLOGY OF CARCINOMA.

By Dr. K. W. Monsarrat (Brit. Med. Jour., January 23, 1904, p. 173). The author claims to have isolated a micro-organism by means of "ordinary nutrient broth, glucose broth (4 per cent) and glucose agar (1 per cent)." The following conclusions are offered: (1) From a considerable portion (58.3 per cent) of specimens of carcinoma mammae an organism presenting characteristic features was isolated. (2) This organism presents a life-history in which two cycles were traced—the one a vegetative budding cycle, the other a sporulating cycle. (3) The organism when injected into animals is capable of infecting and inhabiting endothelial and epithelial cells. (4) The organism initiates in endothelium and epithelium a process of proliferation, as a result of which masses of new-formed tissue are built up, which consist of a parenchyma and a stroma, and grow and extend actively from their centers of origin. (5) This new cell-mass formation may be associated with growth of a similar character in neighboring glands, and some evidence was also provided that visceral metastasis occurs. (6) Intercellular bodies are demonstrable and carcinomata mammae which present the same features as the intracellular parasites of the experimentally produced nodules. (7) The evidence derived from these researches points to the conclusion that the organism described is an etiological factor in the morbid process known as carcinoma mammae.—The Post Graduate.

Immediate Root-Filling Contra-Indicated when Canals have been the Seat of Putrefactive Changes.—A putrescent canal, with even the best possible access and cleansed out ever so well, should not be filled at the first sitting. It may cause some trouble, and why take these chances. Pathogenic micro-organisms are bound to be lodged in the dentinal tubuli, and it would be difficult to destroy them thoroughly at one sitting. We must not forget that there is a direct connection between the pulp and the peridental membrane through the tubuli and canaliculi, and if they are not put in an antiseptic condition they may cause a disturbance of the root-membrane. It may only be mild, and be gradually absorbed, but it may also result in an aggravated pericementitis, neuralgia, or other pathological conditions.—R. O. Hirschi, Dental Era.—Cosmos.

Editorial.

JNO. C. LeGRANDE, M. D.,.....Editor and Prep

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The Journal will be mailed on or about the 15th of the Month. Subscribers failing to receive it promptly will please notify us at once.

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SUBSCRIPTION \$2.00 A YEAR, IN ADVANCE

The editor is not responsible for views expressed by contributors.

All communications should be addressed to
THE ALABAMA MEDICAL JOURNAL, Birmingham, Ala.

Hyperemesis in Pregnancy.

In the Medical Review Dr. F. J. T. makes some remarks on hyperemesis during pregnancy. No more important subject comes before the general practitioner than that of persistent vomiting in pregnancy. It is our opinion that resorting to abortion in all such cases should be seriously considered. As has been stated, the highly nervous patient with neurotic conditions, may be the prominent cause for many alarming symptoms in cases of this character. The aversion of women of this day to bearing children and the ease with which they secure an abortion at the hands of many physicians and surgeons is indeed alarming. In some cases where the weight is decreasing and there are symptoms which lead a sincere physician to the belief that

an abortion should be produced, he should secure the very best assistance to be had, and in no case should abortion be produced until after careful consultation. Our worthy contemporary gives the following:

"Basch (*Monatschr. fuer Geburtshilfe u. Gynnaek.* Bd. 20, July, 1904) takes up the question of the etiology of excessive vomiting in pregnancy. The various theories that have been brought forward from time to time to explain this condition are carefully criticised. He concludes that the cause must lie in the ovum itself, the irritation produced by the growth of the chorionic villi into the endometrium. The disturbance must be of a reflex nature and depends upon a pathologic condition, (1) at the point of irritation, the uterus; (2) in the centres in the medulla; (3) in the point of manifestation of the reflex, the stomach. The treatment must depend upon which of these three seem in a particular case to be the most important factor.

"Baisch cites a case of hyperemesis associated with salivation. In spite of large doses of atropin, this woman secreted daily 600 ccm. of saliva. B. warns against delaying too long in these cases before bringing on an abortion. Where a considerable loss of weight has taken place or the pulse indicates growing weakness, the uterus should at once be emptied, as this measure almost immediately relieves the alarming symptoms.

"A multiplicity in the causes producing excessive vomiting in pregnancy is also the view of Graefe (*Same journal*, p. 22.) Undoubtedly the theory of Behm, that it is due to syncytiotoxin due to the introduction of fetal villi into the maternal circulation has much in its favor, but it does not account for the cases where by mere suggestion the vomiting is permanently cured. A certain percentage of cases are due to hysteria. Two cases in the author's practice are given as illustrations of this form of hyperemesis. The main point in the treatment of such cases must be rest in bed, special diet and isolation. The last-named is of particular importance.

"v. Jaborsky (*same journal*, p. 39) reports three fatal cases of hyperemesis in pregnancy. From a study of the postmortem findings in these cases he comes to conclusion diametrically opposite to those above cited. In view of the fact that in all three cases an abortion had been performed for the relief of the vomiting and that in each case the vomiting had nevertheless persisted, the author believes that we should be more chary about resorting to such measures. The post-mortem findings in one of the cases showed a cancer of the pylorus."

Ungrateful Doctors.

In these days of unusual heat it is hard to think of anything which might be of especial interest to the medical profession, and the average editor should be given a vacation until the temperature is lowered. But a glance at our friend's excellent Journal causes us to be amused to find that he should be so much surprised and disappointed because of the man who has been taught the science of medicine.

We believe there is much in the great family of doctors which ought to be eradicated, but environment, education and temperament has a great deal to do with each individual doctor, and while the majority of doctors, in our opinion, are unselfish and kind, and are grateful for any kindness shown, yet it is to be regretted that there are those in the profession who have in many respects distinguished themselves by earnest work, but who are at the same time controlled by too much of selfishness and jealousy to be honored as big men.

Dr. Emery Lanpheare, editor of the American Journal of Surgery and Gynecology, has the following expression of disappointment and grief in the August issue of his excellent journal:

"Is there something about the practice of medicine to make a man ungrateful and selfish? It sometimes seems as if it must be so. Once upon a time I took a young man from the wilds of the Indian Territory where he was chopping ties for a living and put him in my own home—giving him food and clothing and a scholarship in a college of pharmacy. After graduation he desired to study medicine. I clothed and fed him and paid his tuition. After he received the degree of doctor of medicine I gave him instruments, etc., to thoroly fit him for practice. Last month he spent a whole week at the World's Fair—yet never dropt in to see me, nor even called up on the telephone. But he is a "Christian"—I am a Turk. God pity him!"

Southern Medical College Association.

The requirements for admission to the freshman year are exacted by the colleges belonging to this Association.

Article IV. Section 3. He must possess a diploma of graduation from some literary or scientific institution of learning, or a certificate from some legally constituted high school, general superintendent of State education, or superintendent of some county board of public education, attesting that he has been regularly examined and is possessed of at least the educational attainments required of first-grade teachers of public schools, or a certificate that he has passed the

entrance examination to a University. A student may be given one month from the date of his admission to submit his certificate of qualification, and if he fails to possess the requisite educational qualifications in one or more branches, he may matriculate and attend his first course of lectures, but must present the requisite certificate before matriculating in the second course, and all tickets or certificates issued in such cases must have the conditions printed plainly on the face of each.

A candidate for graduation, (among other provisions), "must have attended, in a regular and reputable medical college, four full courses of lectures, of not less than six months (26 weeks) each, in four separate years, which is construed to mean that no two courses shall either commence or close in the same calendar year—that is, between January 1 and the ensuing December 31." Art. VI., Sec. 2.

The following colleges are members:

Medical Department University of Tennessee, Nashville, Tenn.; Medical Department University of Nashville, Nashville, Tenn.; Medical Department of the University of the South, Sewanee, Tenn.; Medical Department Fort Worth University, Fort Worth, Texas; Medical College of Virginia, Richmond, Va.; Tennessee Medical College, Knoxville, Tenn.; Medical College of Alabama, Mobile, Ala.; Birmingham Medical College, Birmingham, Ala.; University College of Medicine, Richmond, Va.; Medical Department Baylor University, Dallas, Texas; Medical Department University Mississippi, Oxford, Miss.

The secretary-treasurer is Dr. G. C. Savage, Nashville, Tenn.

TRI-STATE MEDICAL SOCIETY OF ALABAMA, GEORGIA AND TENNESSEE.

The sixteenth annual session of the Tri-State Medical Society of Alabama, Georgia and Tennessee will be held at Chattanooga, Tenn. October 12, 13 and 14, 1904, under the presidency of Dr. F. B. Sloan, of Cowan, Tenn. The headquarters will be at the Read House.

Addresses will be delivered by Dr. William J. Mayo of Rochester, Minnesota, and Dr. A. J. Ochsner, of Chicago.

Requests for places on the program or information in regard to the meeting can be had by addressing the Secretary, Dr. Raymond Wallace, Loveman Building, Chattanooga, Tenn.

The usual railroad rates will be in effect.

Miscellaneous Notes.

The Journal extends to Dr. and Mrs. Woodson, of this city, sincere sympathy in the sad loss which they have recently sustained in the death of their son Pollard.

One of the pleasant social occasions of the past month was the dinner given by the president of the State Medical Association, Dr. C. C. Jones, at his delightful home at East Lake. Dr. Jones had as his guests, Dr. E. H. Sholl, Dr. T. L. Robertson, Dr. S. L. Ledbetter, Dr. Wyett Heflin, Dr. L. C. Morris, Dr. Geo. S. Brown, Dr. D. F. Talley, Dr. J. C. LeGrande and Dr. D. D. Jones and wife.

During his recent visit to Birmingham Dr. W. Gill Wylie, of New York, was shown many courtesies by the profession of the city. The dinner given by Dr. B. L. Wyman at his hospitable home on Highland Avenue was a very pleasant entertainment and an enjoyable occasion. Those present were, Dr. J. D. S. Davis, Dr. L. G. Woodson, Dr. L. C. Morris, Dr. W. M. Jordan, Dr. Wyett Heflin, Dr. Cunningham Wilson, Dr. Mack Rogers, Dr. T. D. Parke, Dr. E. P. Riggs and Dr. J. C. LeGrande.

AMERICAN MEDICAL EDITORS' ASSOCIATION.

The thirty-fifth annual meeting of the American Editors' Association, held at Atlantic City in June, 1904, was one of the most successful in its history, C. E. de M. Sajous, president, presiding.

The many papers presented, as well as the numerous applications received for membership, is possibly the best indication of the interest displayed in the Society. Among the new members who joined at this meeting were the following:

Dr. Herman Knapp, editor of the "Archives of Ophthalmology," New York.

Dr. J. Madison Taylor, "Sajous' Encyclopedia," Philadelphia, Pa.

Dr. Joseph McFarland, "Medicine," Philadelphia, Pa.

Dr. H. Longstreet Taylor, "St. Paul Medical Journal," St. Paul, Minn.

William Davis, "St. Paul Medical Journal," St. Paul, Minn.

Surgeon General Walter Wymann, "Sajous' Encyclopedia," Washington, D. C.

Louis L. Pilcher, "Annals of Surgery," Brooklyn, N. Y.

H. Enos Tuley, "Louisville Journal of Medicine," Louisville, Ky.

Andrew Mac Phail, "Montreal Medical Journal," Montreal, Canada.

A. W. Wright, "Canadian Practitioner & Review," Toronto, Ont., Canada.

George Elliott, "Dominion Medical Monthly," Toronto, Ont., Can.

E. E. Dorr, "Iowa Medical Journal," Des Moines, Iowa.

Frank B. Cross, "Lancet Clinic," Cincinnati, Ohio.

F. E. Daniel, "Texas Medical Journal," Austin, Texas.

William F. Waugh, "Alkaloidal Clinic," Chicago, Ill.

William J. Robinson, "Critic and Guide," New York.

Raymond Wallace, "Southern Medicine and Surgery," Chattanooga, Tenn.

C. Summer Witherstein, "Sajous' Encyclopedia," Philadelphia, Pa.

F. W. Samuel, "American Practitioner and News," Louisville, Ky.

Arthur J. Patlk, "Wisconsin Medical Journal," Milwaukee, Wis.

Langdon B. Edwards, "Virginia Medical Semi-Monthly," Richmond, Virginia.

Clarence A. Smith, "Northwest Medicine," Seattle, Wash.

Horatio C. Wood, Jr., "Therapeutic Review," Philadelphia Pa.

Albert E. Stern, "Medical and Surgical Monitor," Indianapolis, Ind.

James U. Barnhill, "Columbus Medical Journal," Columbus, O.

Samuel F. Brothers, "Medico Pharmaceutical Journal," New York.

Alfred B. Meacham, "Post Graduate," New York.

G. L. Harrington, "Brooklyn Medical Journal," Brooklyn, N. Y.

Among the interesting papers read and thoroughly discussed, we would mention:

"Proprietary and Patent Medicines," Harold N. Moyer, Chicago, Ill.

"Military Medical Journalism of the Present Day," Major J. Evelyn Pilcher, Carlisle, Pa.

"Sundown Journalism," T. D. Crothers, Hartford, Conn.

"Medical Illustrations," H. V. Wurdemann, Milwaukee, Wis.

"Medical Journalism of the Pacific Coast," Winslow Anderson, San Francisco, California.

"The Medical Press vs. The Modern Plague," William Porter, St. Louis, Mo.

"Reading Notices," W. C. Abbott, Chicago, Ill.

"Imitation Journalism," H. Waldo Coe.

Following an animated discussion of Dr. Porter's article relative to the use of patent nostrums, the following resolution, endorsing the action of Mr. Bok, editor of the "Ladies' Home Journal," was favorably acted upon:

Whereas, The public is, and long has been, suffering from the use of nostrums, and from the misuses of medicines, and,

Whereas, The medical profession and press have endeavored by every means in their power to instruct the laity upon the subject, and

Whereas, Some journalists either do not understand the true situation, or find it to their pecuniary gain to favor the use of nostrums and pander to the greed of their manufacturers at the expense of the health or even the lives of their dupes among the people, and,

Whereas, The eminent editor of the "Ladies' Home Journal," Mr. Edward Bok, in an able and vigorous editorial on page eighteen of the May number of that journal, laid the truth of the matter before his readers, thus aiding in the work of warning and educating and conserving the health and welfare of the public, be it

Resolved, That the American Medical Editors' Association approves and commends Mr. Bok for the intelligent, honest, fearless and well-grounded position he has taken, which has been thoroughly appreciated by us and by the medical profession generally.

Resolved, That copy of these resolutions be spread upon the Minutes of this meeting, be transmitted to Mr. Bok, and be published in the medical journals throughout the country.

Dr. Porter presented the following resolution bearing upon the death of Dr. I. N. Love, an ex-president of the American Medical Editors' Association:

Through the joys of today come refrains in minor key. We welcome our friends again, but some have dropped out forever. One day eager in all that makes the activities of life—the next cold and silent on the bosom of the dark, mysterious river. Dr. I. N. Love was no ordinary man. Endowed as few are, he cultivated the art of showing to others the natural buoyance of his nature and keeping well within himself the burden and shadows that few knew of and the many never dreamed of. No one was better known in the medical societies of the country and especially in this Association. Quick, witty, generous, he made friends at every turn, and if today he made an enemy, tomorrow he was likely to kill him with kindness.

Of his work as a physician and an editor, you who were his friends through the decades, need not to be told. As a physician he was sympathetic and intelligent beyond the possibilities of most men. The devotion of his patients was a natural sequence following the sunshine of his presence in the sick room. As an editor he was original and personal, but his personalities were more likely to be eulogistic than censorious. He called his Journal "a reflex of the medical profession," but it was more notably a reflex of his own life.

Realizing the difficulty of expressing a just appreciation of the life of one so brilliant, so fascinating and energetic, yet in token of the sense of loss sustained by the Association, be it

Resolved, That the members of the American Medical Editors' Association, while mourning the decease of Dr. I. N. Love in the zenith of his manhood and opportunities for usefulness, remember and cherish the recollection of all in his most attractive individuality that made his record so large a part of the history of this Association.

Resolved, That a large page of our record books be set apart for the resolutions and that a copy be sent with our truest sympathy to the members of his family.

Wm. Porter,
C. F. Taylor.

A committee was appointed by the Chair, composed of C. F. Taylor, chairman, Dr. Hogehead, of San Francisco, Cal., and Dr. Pilcher, of Carlisle, Pa., and the Secretary, member ex-officio, to draft a new Constitution and By-Laws to be presented at the next meeting.

The following officers for the coming year were elected:

President, Harold N. Moyer, Chicago, Ill.; First Vice-President, C. Evelyn Pilcher, Carlisle, Pa.; Second Vice-President, O. F. Ball, St. Louis, Mo.; Secretary and Treasurer, J. MacDonald, Jr., New York.

The Executive Committee: C. E. de M. Sajous, Chairman; John Punton, W. A. Young, W. C. Abbott, H. M. Simmons, C. F. Taylor and Chas. Wood Fassett.

This Association now enjoys a membership of over 100 active medical editors, and those medical journalists not now associated are invited to present their applications for membership to the Secretary, Dr. J. MacDonald, Jr., 100 William street, New York City N. Y.

Society Reports.

JEFFERSON COUNTY MEDICAL SOCIETY.

(Proceedings Reported by Dr. A. W. Sims, Secretary.)

City Hall, Birmingham, Ala., August 8, 1904.

The Jefferson County Medical Society was called to order by Dr. C. Wilson, acting president. The minutes of the previous meeting were read and approved.

The Essayist for the evening was Dr. T. A. Casey. Subject—"Perforation in Typhoid Fever."

DISCUSSION.

Dr. Talley operated on one case with symptoms of perforation, but on opening the abdomen did not find that condition. He filled cavity with salt solution and closed. The patient improved and finally recovered. We should always be on the lookout for perforation and be prepared to operate without delay. Good results should be obtained with immediate operation.

Dr. Sholl remembers having seen only one case with symptoms of perforation. He gave large doses of opium for several days, keeping patient thoroughly narcotized. He finally recovered.

D. C. C. Jones has never seen a case which he recognized as such, but some of his patients may have died of this condition. He asked as to the value of a leucocyte count.

Dr. Meadow reported one case. Patient had taken some grapes during the third week. Had symptoms of perforation. Opened abdomen and found one perforation with a grape seed protruding through opening. Patient died.

Dr. Peters made some remarks on the history of the operation for this condition. He spoke of the diagnosis and the prominent symptoms—sudden fall of temperature, obliteration of liver dullness, leucocytosis, rigidity, and the character and location of the pain.

Dr. Duncan in discussing the leucocytosis, states that it is a comparative increase, as they are usually below normal in typhoid. The count should be made every hour, and a gradual increase will be noted.

Dr. Parke has never had a case in his practice. He does not think purgative treatment induces perforation.

Dr. Weeder does not consider purgatives harmful, and uses them in every case. Should always be on the lookout for these cases and be prepared to operate.

Dr. Lowrey—When we have reason to suspect perforation, the leucocytosis is merely confirmatory evidence.

Dr. Wilson spoke of statistics showing perforation in five per cent. of all cases. Of all deaths from typhoid fever, 35 per cent. are caused by perforation. Does not think perforation more liable in mild cases. Can't always be sure of diagnosis before operating. Don't wait for a leucocytosis. Localized pain with rigidity and shivering are important symptoms. He has seen four cases of perforation during the past year.

Dr. Mason—In the majority of cases of typhoid fever we have a distinct leucopenia; therefore, if the leucocytes are normal it indicates a relative leucocytosis. All cases should have a leucocyte count made frequently during the course of the disease that we may acquaint ourselves with the blood condition in each particular case.

Dr. Douglass had one case with localized pain during entire course of disease. He suddenly developed severe pain with rigidity and tenderness and rigors. Next morning all alarming symptoms had subsided, and patient recovered.

Dr. Jordan spoke of a case of supposed perforation about to be operated on; but on further examination diagnosis of pyelitis was made.

Dr. Casey thinks the three most important symptoms are pain, tenderness and rigidity. The operation in itself does no harm.

VOLUNTEER PAPER.

Dr. McLester read a very interesting paper on "The Significance of a Widal Reaction."

City Hall, Birmingham, Ala., Aug. 22, 1904.

The Jefferson County Medical Society was called to order by Dr. E. H. Sholl, acting president. The minutes of the previous meeting were read and approved.

The following applied for membership: Dr. E. M. Scott of Watson, Ala.; Dr. J. E. Garrison, city; Dr. Frank E. Nabers, city; Dr. Baxter Rittenberry, city; Dr. C. C. Rittenberry, city.

Dr. M. W. Glasgow of Virginia City, was elected a member

Dr. Lull was the essayist for the evening, his subject being "Some Remarks on the Diagnosis and Treatment of Lobar Pneumonia."

DISCUSSION.

Dr. C. C. Jones has seen several patients where the localized pain in the abdomen was very misleading.

Dr. McLester, in speaking of the pathology, states that the consolidation of lung tissue caused by the diplococcus differs from that due to any other cause. The engorgement is caused by the destruction of the epithelium, and the consolidation from thrombosis of the alveoli by red cells. The simple presence of pneumococci is not sufficient to cause a pneumonia. It is a mistaken idea that pneumonia is confined to people leading an indoor life, as it is more prevalent among the other class. Prodromal symptoms are present from three to five days before the onset of acute symptoms. The abdominal pain is present because the lower six inter-costal nerves supply the abdominal wall as well as the thoracic.

Dr. Rosser thinks that ninety per cent. of the pneumonia cases will get well if let alone. Pneumonia may exist without pain as a symptom unless the pleura is involved.

Dr. Parke in speaking of the symptoms states that he visited a patient for three days and found no symptoms during this time pointing to lung consolidation. The appearance of rusty sputum left no doubt as to the diagnosis. You may have all the classical symptoms of pneumonia with absence of physical signs for several days. He does not give alcohol.

Dr. Brown—Pneumonia may be ushered in with acute mania, all other symptoms being absent.

Dr. W. T. Berry—In the first stage we have a circumscribed area of feeble breath sounds, also impaired resonance. Rales are present and vocal fremitus is increased.

Dr. Sholl—Two methods of treatment may be pursued. In a desperate case, on the ninth day of the disease, he soaked blankets in very cold water and wrapped the patient in them, allowing him to remain for seven hours. The patient's temperature was reduced from 106 to 103 degrees and did not again rise. Expectoration seemed to be stimulated by the treatment. In another case, he blistered the patient for severe pain and then bled freely. This gave the patient relief, and the patient went to sleep immediately, the disease afterward running the usual course.

Dr. Peters insists upon a thorough examination of both the abdomen and chest in all cases of pneumonia.

Dr. D. D. Jones thinks that pneumonia patients are examined too

much, and should be left alone. Veratrum should be used in the first stage.

Dr. Lull states that too frequent examination of pneumonia patients is undesirable. The heart should be watched carefully as diminishing sounds indicate the beginning of heart failure.

MISCELLANEOUS BUSINESS.

The following resolutions were presented and unanimously adopted:

Whereas, God in his all wise providence has called from the home of our beloved President, Pollard Woodson. While only fourteen years of age he had already made the impression upon his associates and friends of being an unusually bright and intellectual boy. Happy in disposition, lovely in character, devoted to father, mother, brothers and sisters, made him the special friend of all who knew him; therefore be it

Resolved by the Jefferson County Medical Society, that we tender to the father and mother our sincere sympathy in the great loss they have sustained.

"Resolved further," That a copy of these resolutions be sent to the family."

The Board of Censors made a report.

There being no further business the Society adjourned.

City Hall, Birmingham, Ala., July 11, 1904.

The Jefferson County Medical Society was called to order by President L. G. Woodson. Minutes of the previous meeting were read and approved.

Essayist for the evening was Dr. T. D. Parke. Subject: "Management of Intestinal Disorders in Infancy."

DISCUSSION.

Dr. Sholl called attention to the importance of the subject at this season. He reported in detail the management of two cases in his practice. Medicinal treatment does not accomplish much, and reliance must be placed in proper nursing and diet. He uses very few drugs in these cases, only calomel, castor oil, bismuth and paregoric.

Case 1. Had fifteen bloody mucous actions first day. On appropriate treatment the condition improved in twenty-four hours. Developed pneumonia on the sixth day, which was much improved on the twelfth, but child finally had convulsions followed by paralysis and died on fourteenth day with acute dropsy of the brain.

Case 2. Had thirty-three bloody mucous actions in twenty-four hours. Blood disappeared and developed a typical mycotic diarrhoea followed by general anasarca, which subsided and returned three times. Finally developed erysipelas on inner side of thigh, which tended in spite of both local and internal treatment, resulting in death.

Dr. T. L. Robertson agrees with the essayist on the general plan of management. Medicines do little good. He does not withhold food for so long a time. Uses for enemata one tablespoonful of borax to gallon of water, or starch water and bismuth. When case has much tenesmus the irrigations do harm. In food poisoning withhold nourishment; give an evacuant and gradually return to usual food. All cases of intestinal trouble in infants should be seen early to get best results.

Dr. Snyder endorses the general outlines as laid down by the essayist. Every detail should be watched. Does not approve of opium given promiscuously to children, nor the habit of sending infants away for the summer.

Dr. MacLester thinks irrigation is very important. Milk is not a proper food for any child with intestinal derangement.

Dr. Sholl gives a formula which he has found very satisfactory for infant feeding:

Mellin's Food			1 part.
Milk			14 parts.
Barley Water			7 parts.

For a child of two months give nine tablespoonfuls every two hours, and older ones in proportion.

Dr. T. F. Robinson—For children vomiting with green actions gives small doses of calomel and salol, followed by an evacuant. He is afraid to withhold food for so long a time as recommended by the essayist.

Dr. Whaley states that in exceptional cases milk will not agree with infants with bowel trouble. He related a case where milk failed absolutely, and the child improved and fattened when fed from the table on toast and breakfast bacon.

Dr. Parke states that everything should be regulated as to the quantity and time of giving. Some will get well on anything, but the majority will die. Some claim exhaustion on starvation plan of treatment, but on the contrary the children get stronger than when fed, on

account of the elimination of toxic materials. It is the disease which causes the emaciation, and not the withholding of food. He does not believe in sending children away during illness, and related a case. If convalescent, a trip does not hurt. In a certain class of cases irrigations are absolutely necessary. He does not use stimulants in any form. They don't need them and do as well without.

City Hall, Birmingham, Ala., July 25, 1904.

The Jefferson County Medical Society was called to order by President L. G. Woodson. Minutes of the previous meeting were read and approved.

The essayist for the evening was Dr. J. T. Coulbourn. Subject, "The Treatment of Puerperal Septicemia."

He showed a small instrument devised by himself for use in the cervical canal, and claimed that better drainage could be secured by its use.

Dr. Morris calls attention to the use of rubber gloves as possibly the most important factor in the prevention of these cases. If these are properly used, much of the preparatory treatment can be dispensed with. He insists on as few vaginal examinations as possible. He agrees with essayist on the general plan of treatment. If streptococic infection has invaded the uterine tissues, he advocates Pryor's method of treatment by opening fundus of uterus and packing laterally and posteriorly with iodoform gauze. There seems to be a general lack of care on the part of obstetricians. Infection (puerperal) is always introduced from without.

Dr. T. A. Casey thinks the method of infection is still unsettled. Cases may become infected through the atmosphere alone. Free purgation is very important in treatment of these cases. He has seen all bad symptoms subside and the temperature drop to normal with no other treatment.

Dr. Parke thinks rubber gloves are very important, and the doctor is fully repaid for any precaution he may take to prevent infection. The erect position favors drainage, and he allows his patients to sit and pass urine and faeces. The subject of late infections is very important, and these may occur from any abrasions on genital tract. He thinks this condition explains many of the cases of slow convalescence among women.

Dr. Wilson thinks we will always have cases of puerperal infection occasionally. He does not think the doctor is to blame for all cases.

The nurse is sometimes at fault, and in some cases the woman is infected by examining herself. All abrasions and lacerations should be properly cared for. All we can do is to use all possible precautions.

Dr. Whaley thinks the trouble is in the fact that we do not do what we know to be right. The uterus should be examined with finger, and if we find any cause for the trouble in the way of retained material, it should be removed and the uterus washed out with saline solution.

If the mucus membrane is smooth, do not use curette. Antiseptics do very little good as the organisms are deeply imbedded. Sterile water will answer same purposes, and does not have the danger of carbolic or bichloride poisoning. The patient should, of course, be placed on stimulants and tonics.

Dr. Rosser—Puerperal infections are rare in the rural districts, and he thinks the contaminated hands of the surgeon are responsible to some extent for our cases in the city.

Dr. Talley thinks the doctor is not always to blame for infection, as the nurse or woman herself may cause same. Should get new gloves for every case. In sapraemic conditions we sometimes have a retroversion, and the uterus only drains when we have enough accumulation to cause overflow. He does not think the instrument shown by Dr. Coulbourn would prove satisfactory. The best treatment, in his opinion, is to curette, swab with carbolic acid, and pack uterus, removing gauze when saturated. He had lost faith in ergot, but recently has had good results from its use. In streptococcal infection, the curette does no good, and where infection has invaded uterine tissue, Pryor's method may give good results.

Dr. Ledbetter spoke of purulent affections of eyes, nose and throat either in the doctor, mother or nurse, as a source of danger.

Dr. W. T. Berry thinks our knowledge of the subject unsatisfactory, as evidenced by the many methods and theories of treatment. Rubber gloves are certainly very useful, and should be used in all cases.

Dr. Jordan—Puerperal fever is necessarily sepsis, and to have sepsis, the organism must gain entrance through a wound or abraded surface. This is usually introduced on the examining hand of physician, either from an infected hand or carried in from an infected focus on the maternal parts. He believes in a preliminary cleansing of the maternal parts before delivery. He does not use the douche after delivery as there is always danger of introducing infec-

tion. Every injury to maternal parts should be repaired immediately.

Dr. Heflin spoke of a physician who had several cases of puerperal sepsis, and upon investigation he found that they all were attended by the same nurse. He let the nurse go, and he had no more cases. He always irrigates the uterus after a forceps delivery, and is prepared to repair any and all lacerations immediately. Gives ergot after each confinement.

Dr. Ward thinks all pathogenic bacteria can be removed from hand with proper washing. If the infection is due to the colon bacillus the discharge is present and putrid; if to streptococcus the discharge ceases and we have no odor. Proper method of cleansing uterus is with the finger followed by a saline douche. If bichloride is used it should be followed with sterile water or saline solution. If streptococcic infection, give ergot, stimulants and nourishment, and keep the bowels open, but do not purge to weakness. The vagina of a pregnant woman, otherwise normal, is sterile.

Dr. Duncan thinks the vulvar hair should be clipped, especially posteriorly, and in forceps cases it should be shaved. Strong uterine contractions should be maintained.

Dr. Walton—In sapraemic conditions, curette and irrigate. In streptococcic infections he uses saline solution in peritoneal cavity, injected through abdominal wall.

Dr. Caston thinks many cases due to a lighting up of a latent gonorrhoea or an existing endocervicitis.

Dr. Coulbourn touched on many of the points brought out in the discussion, and used arguments to sustain his position.

REPORT OF CASES.

Dr. Due reported a case where child had swallowed a small hat pin which passed on the second day. He exhibited the pin to the Society.

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Abstracts.

MILK.

Attention is again directed to the all-absorbing question of milk; because of the comprehensive report of the Milk Commission of Washington, D. C., and because it sets forth so plainly the reasons for the maintenance of such a commission.

"What is the public demand for milk of a higher standard than that required by the health office?" This is a pertinent question, asked and answered by this report.

The health officer of any community cannot possibly force milk dealers to distribute a pure milk. No municipality will place at the disposal of any Health Officer sufficient funds by which proper supervision of the commodity can be accomplished. Hence they do the best they can. Our local Health Officer, Dr. M. K. Allen, has done much for the betterment of our local supply—as far as the chemical standard of the milk is concerned. Bacteriologically and from a standpoint of cleanliness, nothing has been done, or can be done, without adequate laws regulating the manner of production of the milk and its handling at the dairy. The writer had occasion to visit at a country dairy recently. Just outside of the building, which served as a stable, milking barn and milk house, in which the milk was also prepared for delivery, was a pond of liquid cow manure, and the walls were covered with the same, the odor from all this could be smelled for one-fourth of a mile before the place was reached.

The people must be educated to the necessity of a clean, pure and chemically correct milk, even at a slight advance in cost, and not a dirty milk of which nothing can be known, taken because it is cheap.

Fully 10,000 cows supply milk for the city of Louisville, and we venture the assertion that 98 per cent. of these are filthy in the extreme, and the milk not properly cared for, aerated or kept cool when in transit. The public is easily fooled and seems not to care when this is the case. In a nearby progressive city is a dairy whose reputation for purity, etc., has reached Louisville. The writer on a trip to that city first visited the dairy, eleven miles from the city—the rehandling, pasteurizing plant later. The dairy used to be first-class. Now the buildings would not last in a severe storm. The milking sheds have wooden floors and are as clean as such floors can be made, but the cows—nice and fat with large bags, stand under a large shed, the ground of which

is cleaned once in two or three months. They are not put out to pasture, and only get green stuff certain seasons of the year, when they are fed the by-product from a canning factory nearby, owned by the same parties—consisting of pea hulls and corn shucks and cobs.

We venture the assertion that the patrons of this dairy, which obtains part of its supply from other dairies, have never visited this place, to see how it is conducted.

The physician should interest himself in this subject. The majority know but little of the milk and care less. A dairyman in this city with a reputation supplied a patient of the writer with milk containing pus and many colonies of streptococci, in consequence of which the child was acutely sick.

In Louisville there is not a single dairy which is supplying a milk which comes up to the standard fixed by any of these Eastern commissions. Yet none of them require more than should be and can be carried out by every sanitary milkman. The profession can and should take more interest in this subject, and we trust before long the plans projected here for the establishing of a sanitary dairy plant may be fulfilled.—The Louisville Journal of Medicine and Science.

HAY FEVER.

Scherer calls attention to the differences of spring hay fever, due to the pollen of grasses and the fall hay fever of this country, which is not observed in Europe to any extent. He has examined all the pollen which was ripe at the time the fall hay fever begins, and finds that the ragweed pollen is the only one that has all the characteristics of any hypothetic exciting cause, and this agrees with what had been before suspected. It is a very light, odorless, tasteless, non sticky powder, and is probably carried long distances by the wind. He has been able to isolate from it a white amorphous substance which has the toxic effect of hay fever. It is soluble in salt solution and glycerin, but in no alcohol or ether. It can be filtered through a Berkefeld filter, and will not dialyze through animal membrane. It loses its toxic properties at 80 C. He has named it ambrosin. The residue left when the ambrosin has been extracted is perfectly inert. He made a number of experiments on persons subject to hay fever at a time when they were not suffering from it, and each case produced symptoms of the disease, which passed off in a short period. In one case he made applications of the solution to the eyes of several students, not knowing that there was a hay fever patient among them, and supposing them all immune. One

immediately complained, and, on being questioned, proved to be a hay fever sufferer. He proved by forcing air through a considerable quantity of the substance and allowing the patient to breathe the air that there was no volatile constituent. The goldenrod pollen, he finds, is practically innocuous. The pollen theory is correct, but not when it explains hay fever, being due to mechanical irritation of various pollens on the mucous membrane of the air passages. The mechanical irritation is no different in the hay fever sufferer than in the immune. We cannot attribute it to a local chemical action on the mucosa. Besides the ragweed pollen, we have in the hay fever patient a systemic, not localized, condition, that allows the so-called toxin to act as such. It has two effects on the hay fever patient; first, a local irritating property and the other its action on some part of the central nervous system, irritating the centers and producing a condition of hyperesthesia. He admits there may be cases that are not due to this factor, but thinks that the majority of fall fever cases can be attributed to the ragweed pollen.—*Journal of the Am. Medical Association.*

LABOR IN AN EPILEPTIC.

The ease with which epilepsy may be mistaken for eclampsia and the difficulties in diagnosing the two conditions are shown in a case which is reported in some detail. The patient was a primipara 26 years of age, whose general health was good with the exception of epileptic attacks, to which she had been subject for twelve years. From the time she was fourteen years of age the attacks occurred with varying frequency, sometimes as often as two or three a week. During pregnancy they were less frequent up to the sixth or seventh month. She was admitted to the hospital about two weeks before the expected confinement. At that time she had been having the convulsions with greater frequency, and for a time she was "out of her head," the first instance within her husband's knowledge. The urinary examination showed a specific gravity of 1030. The reaction was acid with a slight trace of albumin; urea 2.14 per cent. During the progress of the labor she had several convulsions. Ether was given, manual dilatation practiced, and the child delivered. The patient soon recovered from this, but did not regain consciousness for several hours after labor. For several days succeeding labor there was marked mental involvement, consisting of lapses of memory and a want of orientation. A convulsion some two weeks later after the labor was followed by an

improvement in the mental condition, the patient being discharged fully recovered with the exception of the epileptic condition.—A. L. Hamilton, in Boston Medical and Surgical Journal.

CHRONIC PANCREATITIS.

Boeckmann (St. Paul Med. Jour., July) is unable to find in literature that the diagnosis of chronic pancreatitis has ever been positively made except on the operating or post-mortem table.

There are, at present, no pathognomonic symptoms. In the hypertrophic state, the affected portion of the gland is swollen and tender to the touch and it would be of immense assistance if this swelling and tenderness could be demonstrated by digital palpation. Chronic pancreatitis may cause jaundice from compression or obstruction of the common duct. It may cause ascites from pressure on the portal vein. Also dropsy from pressure on the inferior vena cava.

Fat necrosis, when the abdomen is opened, is very suggestive. Indicanuria is probably always present and should be investigated.

The test, which is thought may prove helpful, "pancreatic reaction," according to Trevor: The urine from a suspected case is boiled for a short time with an oxidizing agent, the phenyl-hydrazin test performed, when an abundant crop of delicate yellow needles arranged in sheaves or rosettes is produced. Emaciation is prominent; fever is ordinarily absent, but in some cases runs a hectic course.

INFANT FEEDING.

The advent of summer conditions, again calls attention to the ever interesting problem of infant feeding. That it is still a problem goes without saying, for in spite of the persistent laboratory work, which is constantly going on, the advance has been slow and insignificant. Starting on false premises, the chemists attempted to construct a food which was an exact counterpart of mother's milk or what at least contained the same ingredients, forgetting that food products having the same analysis are not at all identical either in nature or effect and that no natural food or drink can be duplicated in the laboratory. While many of the prepared foods are valuable and all are at times useful, they are by no means accurate substitutes for mother's milk and the profession is inclined to discard them in favor of products which are not artificial and which can be adapted to individual needs. Modified milk is a food which is enjoying increased popularity and is destined to supersede the machine-made preparations. While the standard formula is by no means a perfect one, we believe that by the

judicious use of oat-meal, wheat and barley it can be made to meet most conditions of indigestion and malnutrition. Present methods of feeding are empirical and unscientific and more rational ones cannot come too quickly.—New T. M. Journal.

TREATMENT OF LOBAR PNEUMONIA IN THE ADULT.

Dukeman (Medical News, July 16) is a firm believer in the excessive toxicity of this disease, and combats this condition from the beginning by elimination by means of the skin and bowels, and also by inhalations of oxygen, five gallons of the latter being administered every three to six hours. The skin is kept active by means of hot soap and water sponge baths, followed by a mustard foot-bath and hot lemonade. The sweating thus induced is continued for half an hour, after which the patient is rubbed down and the chest surrounded by a jacket of cotton; if there is much pain a mustard plaster is applied under the jacket. The elimination is further increased by rendering the kidneys active by means of calomel and salts, assisted by frequent and copious draughts of water. The other great plan of treatment is the warding off of the cardiac failure. To this end strychnia is given every four to six hours, increased from one-sixtieth to one-thirtieth or even one-twentieth grain. He advocates substituting digitalis, alcohol or aromatic spirits of ammonia rather than increasing the strychnia too rapidly, as he believes that excessive use of the latter drug is liable to increase the engorgement of the lungs. In case of cyanosis, aromatic spirits of ammonia and champagne, together with a mustard plaster over the heart and the usual oxygen inhalations, are recommended. The diet should be liquid throughout, and care must be taken not to overfeed the patient, thus throwing too much work on the bowels and kidneys. He advocates against stimulating expectorants and the ordinary diuretics.—The Cincinnati Lancet-Clinic.

THE SHAPE OF THE CHEST IN TUBERCULOSIS.

The statement has been made that the chest in this disease instead of being flat, as ordinarily believed, is in fact round. This observation has been further substantiated by the same author. W. Hutchinson (Journal Amer. Med. Asso.). He claims that the antero-posterior diameter, instead of being diminished relatively to the transverse, is, on the contrary, increased, so that the term "flat chested," as applied to the consumptive, is really a misnomer. A large number of observations have been made and the author has found that the typical tuberculous chest has an average index of about 80, nearly 10 degrees above

the normal. This type precedes the disease and is an abnormal persistence of the fetal, infantile and child type of the chest. He recommends that the chests of growing boys and girls be measured at stated intervals, and wherever the index is found distinctly higher than that normal for their age, active measures should be taken to remedy the defect. This includes all exercises which involve wide swinging use and play of the arm, chest and shoulder group of muscles.—Medical News.

THE UNCLEAN OBSTETRIC BAG.

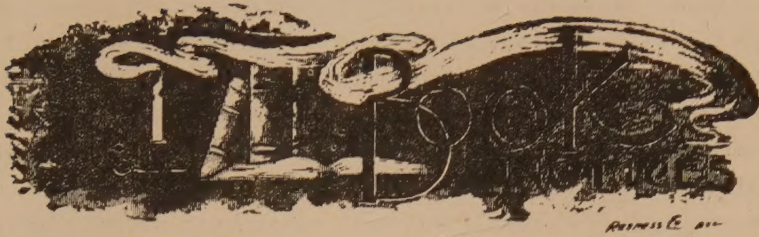
The obstetric bag and how to keep it clean is a problem that has not yet been satisfactorily solved. It is without doubt in the great majority of cases the weak point in the obstetric defense of the woman in labor against the dangers of septic poisoning. Its evolution has certainly not kept pace with the progress of aseptic surgery. The ordinary bag, which with its contents has been in all sorts of dirty places, has no place in the modern lying-in room. To the one who will invent an obstetrical bag that can be easily sterilized much praise will have to be given, for it will be a distinct advance in the practice of midwifery.—The Medical Age.

THE NAILS

May be found very brittle or irregular, with nodular thickening near the free edge; both conditions are the result of syphilis; occasionally from syphilis the nail is partially or wholly separated from the matrix and slowly shed. If the end of the finger is bulbous and reddened, the nail is discolored and out of shape, and beneath it is seen a foul ulcer of the matrix with dark discharge, it is onychia maligna. Inquiry should be made for evidence of syphilis and tubercle; the disease is often started by injury.—“Elements of Surgical Diagnosis.” Gould.

BLADDER SYMPTOMS IN APPENDICITIS.

G. Baradulin (Ibid., abstract) dwells on the disturbances of the urinary function in appendicitis. These symptoms are either reflex in character or they are due to direct involvement of the bladder walls. The reflex symptoms consist in retention or increased frequency of micturition as the case may be, while the other kind of symptoms is caused by a pericystitis, which is distinguished from cystitis by the clear urine.



AND URETHRAL TROUBLES.

I have been using Sanmetto ever since it has been before the medical profession. Sanmetto, as prepared by the Od Chemical Co., New York, has never disappointed me, but substitutes have. The scope of usefulness of Sanmetto is much more, in my humble opinion, than has ever been claimed for it. In nocturnal emissions, resulting from self-abuse, I have found Sanmetto very nearly a specific, as well as in all prostatic affections. For a number of years Sanmetto has been my sheet anchor in gonorrheal troubles. It is one of the proprietary medicines that we could not well do without.

L. L. Janeway, M. D., Whitewell, Tenn.

The Practical Application of the Rontgen Rays in Therapeutics and Diagnosis. By William Allen Pusey, A. M., M. D., Professor of Dermatology in the University of Illinois; and Eugene W. Caldwell B. S., Director of the Edward N. Gibbs Memorial X-Ray Laboratory of the University and Bellevue Hospital Medical College, New York. Second edition, thoroughly revised and enlarged. Handsome octavo volume of 690 pages, with 195 illustrations, including four colored plates. Philadelphia, New York, London; W. B. Saunders and Company, 1904. Cloth, \$5.00 net; Sheep or Half Morocco, \$6.00 net.

This excellent work has attained the distinction of two large editions in one year—a proof not only that such a work was needed, but also of the book's practical value. The vast amount of literature ac-

accumulated during the past year has been very carefully digested, and the latest knowledge and advancements incorporated. A practical feature of the work lies in the fact that nearly all the illustrations represent actual clinical subjects, showing the benefits of the X-rays at various stages of their application. The chapters by Caldwell give full details regarding the use and management of the apparatus, the text being fully illustrated with many photographs and drawings, including four full-page colored plates. The second edition has been brought strictly down to date, especially the case histories cited; and by the addition of much new matter and a number of new illustrations, the usefulness of the work has been greatly extended. It is the latest and best book on this subject.

A Text-Book of Pathology. By Joseph McFarland, M. D., Professor of Pathology and Bacteriology in the Medico-Chirurgical College of Philadelphia; Pathologist to the Medico-Chirurgical Hospital, Philadelphia. Handsome octavo volume of 818 pages, with 350 illustrations, a number in colors. Philadelphia, New York, London: W. B. Saunders and Co., 1904. Cloth, \$5.00 net; Sheep or Half Morocco, \$6.00 net.

It was with anticipations of much pleasure and interest that the reviewer began reading Dr. McFarland's work on Pathology, and he can truthfully say that his greatest expectations were more than fulfilled. The book is excellent—excellent as regards both text and illustrations. Of the later, there are a number of beautiful ones in colors, printed directly in the text. Dr. McFarland's thirteen years' experience as a teacher on this subject, besides his extensive personal research in the laboratory, has fitted him most admirably to write a text-book on pathology, and this superb forelying work is all that any one—student or practitioner could desire. Unlike most works on pathology, the subject is treated, not from the professor's point of view, but from that of the student, the many difficult theories of the science being explained in clear, concise language. Quite a few works on pathology have come to the reviewer's desk within the last few years, but none has reached the standard of excellence held by Dr. McFarland's work.